

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 840358 (6)

1. Corporation Name
ARALCO INVESTMENTS LIMITED, INC.



Principal Place of Business

C/O 501 BRICKELL KEY DR.
#200
MIAMI FL 33131
US

Mailing Address

C/O 501 BRICKELL KEY DRIVE
#200
MIAMI FL 33131
US

3. Date Incorporated or Qualified 04/05/1978
3a. Date of Last Report 06/19/1996

2. Principal Place of Business

21 701 BRICKELL AV

22 Suite, Apt. #, etc
Ste 1800

23 City & State MIAMI FL

24 Zip 33131 25 Country

2a. Mailing Address

26 701 BRICKELL AV

27 Suite, Apt. #, etc
Ste 1800

28 City & State MIAMI FL

29 Zip 33131 30 Country

4. FEI Number 59-1781740
Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NATIONAL REGISTERD AGENTS INC.
501 BRICKELL KEY DRIVE
SUITE 200
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
701 BRICKELL AV Ste 1800
83
84 City MIAMI FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME CALAMARO, CHARLES
STREET ADDRESS 8888 COLLINS AVE.
CITY-ST-ZIP SURFSIDE FL

TITLE D ☐ DELETE
NAME GONDA, STEPHEN
STREET ADDRESS 8888 COLLINS AVE.
CITY-ST-ZIP SURFSIDE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 701 BRICKELL AVE Suite 1800
1.4 CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 701 BRICKELL AVE Suite 1800
2.4 CITY-ST-ZIP MIAMI FL 33131

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: STEPHEN E. GONDA 1/15/97 305 375 8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #