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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

701 BRICKELL AVE.
SUITE 1800
MIAMI FL 33131
US

701 BRICKELL AVE.
SUITE 1800
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1978

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Aralco Investments Limited, Inc.

26 501 Brickell Key Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 501 Brickell Key Drive

27 Suite 602, Miami, FL

City & State

City & State

23 Suite 602, Miami FL

28

Zip

Country

Zip

Country

24 33131

25

29 33131

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NATIONAL REGISTERED AGENTS INC.
701 BRICKELL AVE.
SUITE 1800
MIAMI FL 33131

81 Name

National Registered Agents, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

501 Brickell Key Drive, Suite 602

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CALAMARO, CHARLES
STREET ADDRESS 701 BRICKELL AVE., SUITE 1800
CITY-ST-ZIP SURFSIDE FL ☐ DELETE

1.1 TITLE
1.2 NAME D
1.3 STREET ADDRESS Calamaro, Charles
1.4 CITY-ST-ZIP 501 Brickell Key Dr. Suite 602
Miami, FL 33131 ☐ Change ☐ Addition

TITLE D
NAME GONDA, STEPHEN
STREET ADDRESS 701 BRICKELL AVE., SUITE 1800
CITY-ST-ZIP SURFSIDE FL ☐ DELETE

2.1 TITLE
2.2 NAME (D)Gonda, Stephen
2.3 STREET ADDRESS 501 Brickell Key Drive, Suite 602
2.4 CITY-ST-ZIP Miami, FL 33131 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

14. I 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

[Signature]

4-13-98 Ph. 908 6251812

CR2E034 (10/97)