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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT #

1. Corporation Name

ARIEL EXPORTS, INC.



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•	Business	Ма	iling Address							
6065 NW 167TH ST B-19			6065 NW 167TH ST B-19 MIAMI FL 33015							
MIAMI FL 3301	15		MIAMI PL 33013				Date Incorporated or Qualified	1 3a Ds	ate of Last F	Report
							04/24/1981	34. 00	05/16/1	
5 1 5	- CD - Vicens	20	Mailing Address				4. FEI Number			Applied For
Principal Place	or Business	26	Memilia Vicial observa				59-2091391			Not Applicable
Suite, Apt. #, e	atc	1201	Suite, Apt. #, etc				5. Certificate of Status Desired	U		5 Additional
Suite, Apt. #, 6	nc.	27					5. Certificate of Claudo Documen			Required
City & State			City & State				Election Campaign Financing	П)0 May Be
4		28					Trust Fund Contribution			ed to Fees
Ζıρ	Country		Zip	— — · · · ·	Country		8. This corporation has liability f	orintangible fes ∐No	tax under :	5 193.032,
	25	29		30			10. Name and Address of Nev		d Agent	
	g. Name and Address of Curre	ent Regis	tered Agent		81	Name	IO. Manie and Addition			
	E, JOSE ENRIQUE				82	Street Add	ress (P.O. Box Number is Not Accep	table;		
	V 16TH STREET				83	 				
SUITE B						<u> </u>			1-51	Zip Gode
miami fi	L 33015				84	City		F	L 85	Zip Code
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14. I do hereby certify that the information supplied with this filing is voluntarily turnshed and oues not quarry bir the element of the same legal effect as if made undocertify 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 undocertify 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 undocertify 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 changes or on an attack ment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pil17.96

(301) 577.50/8