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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(7)

DOCUMENT # F37973

ARNO INTERNATIONAL, INC.

Mailing Address

330 S STATE RD. 7. SUITE B

Principal Place of Business

330 S STATE RD. 7. SUITE B

FILED Mar 02 1998 8:00am Secretary of State



PLANTATION FL 33317		PLANTATION FL 33317		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	······································	
					07/07/1981		
	lace of Business	2a. Mailing Address •			4, FEI Number	 	oplied For
21		[26]		59-2108908		ot Applicable	
Suite, Apt #, etc		Suite, Apt #, etc. 27		5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	p	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Countr	/	8. This corporation owes or has paid the cu	ırcent year in	tangible
24	25	29	30				□No
	9, Name and Address of Current	Registered Agent		,	10. Name and Address of New Registered	Agent	
	ANCI GIANDOMENICO		81	Name			
	S STATE RD 7		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
STE				<u>]</u>			
PL/	ANTATION FL 33137		83				
			84	City		85 Zip	Code
			1	1	Fl	_ "	
11. Pursuant t office or re agent. Lar	in the provisions of Sections 607 0502 agistered agent, or both, in the Stale o m familiar with, and accept the obligat	and 607 1508, Florida Statute of Horida: Such change was a jions of, Section 607,0505, Flo	es, the above authorized b orida Statute	e-named c y the corpo s.	orporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing I pointment as	ts registered registered
SIGNATURE	Edinature, typed or probat raths of togeth red a join	those tido diserote able (NOTE	Booistered Ac	ent signature re	equired when reinstating) DATE	<u>-</u>	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PD	OELETE	1.1 TITLE	— T	The state of the s	Change	Addition
NAME	GIANDOMENICO, FRANCI		1.2 NAME	1		,	
STREET ADDRESS	330 S. STATE RD. 7,STE.B			I ADDRESS			
CITY-ST-ZIP	PLANTATION FL		1 4 CITY-				-
TITLE	VPD	□ DELETE	2 1 TITLE	31-211		Change	Addition
NAME	FRANCI, ADRIANA	-	22 NAME	Ì			
STREET ADDRESS	330 S. STATE RD, 7 STE. B			T ADDRESS			i
CITY-ST-ZIP	PLANTATION FL		2 4 CITY				
THE	VPD	☐ DELETE	3 1 TITLE			Change	Addition
MAME	FRANCI, PATRIZIA M.		3 2 NAME				
STREET ADDRESS	330 S. STATE RD 7 STE B		3.3 STAEE	T ADDRESS			, ,
CHTY+ST+ZIP	PLANTATION FL		3.4. CITY-	ST-ZIP			
TITLE	SO	DELETE	4 1 TITLE			☐ Change	Addition
NAME	FRANCI, CHRISTIAN		4 2 NAME				
STREET ADDRESS	330 S. STATE RD 7 STE B		4.3 STREE	T ADDRESS			f
CITY-S1-ZIP	PLANATATION FL		4.4 CiTY -	ST-ZIP			
TITLE		DELETE.	5.1 T(TLE			Change	Addition
NAME	!		5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	61 TITLE			Change	Addition
NAME			62 NAME				
STREET ADDRESS			6 3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

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 suppliemental 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 on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual in officer or director of the of Block 12 or Block 13 if di Francia a involvince