

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92780

(8)

1. Corporation Name

ARIEL TRADING CORP.



Principal Place of Business

3865 PARK AVENUE
MIAMI FL 33133

Mailing Address

3865 PARK AVENUE
MIAMI FL 33133

3. Date Incorporated or Qualified

07/30/1982

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0120244

Applied For

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAHLI LIEBLICH
3865 PARK AVENUE
MIAMI FL 33133

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

MAHLI LIEBLICH

1-20-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
LIEBLICH, MAHLI
STREET ADDRESS
3865 PARK AVE
CITY-STATE-ZIP
MIAMI FL 33133

1.1 TITLE ☐ Change ☐ Addition

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addition with an address.

SIGNATURE

MAHLI LIEBLICH, Pres 1/20/96 305 665 6055

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printing

CR2E034 (12/95)