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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT # 1. Corporation Name F9700000555 (9)

rincipal Place of Business	Mailing Address  C/O ROBERT BERNSTEIN 23901 CALABASAS RD #1065 CALABASAS CA 91302		
C/O Robert Bernstein 23801 Calabasas RD. #1065 Calabasas Ca 91302			

## **FILED** Feb 18 1998 8:00am Secretary of State

ARCHE	TYPE DISCOVERIES WORL	DWIDE, INC.			
1 .	ce of Business	Mailing Address		L SEALOR SILM SALES HADE BRISE BREEF AND SECOND OF STREET	intil Bildi etini niini fili ihni
C/O ROBERT BERNSTEIN 23901 CALABASAS RD #1065 23901 CALABASAS RD #1065 CALABASAS CA 91302 CALABASAS CA 91302			DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualified 02/03/1997	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 WW N	VE. 5th AVC	26		58-2321876	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	Raton FL	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Zip	· · · · · · · · · · · · · · · · · · ·	28	Country	Trust Fund Contribution	Added to Fees
24 3343	Country Country U.S.	Zip 291	Country 30	<ol><li>This corporation owes or has paid the operation Personal Property Tax due June 30.</li></ol>	current year Intangible
24	9. Name and Address of Currel		30	10. Name and Address of New Registers	
-474	Paille, G C 48 8. Ocean Blvd., #603 3Hland Beach Fl 33487		62 Street Add (00)	Paille, G.C.  dress (P.O. Box Sumber is Not Acceptable)	los Zin Code
			84 8000	. Paton F	L 85 Zip Code 33 437_
11, Pursuant office or r agent. Le	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida <b>Statute</b> of Florida. Such change was a ations of, Section 607.05 <b>05</b> , Flo	es, the above-named con uthorized by the corpora rida Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed name of registered age	MOTE and trip if applicable (NOTE	Registered Agent signature requ	uired when reinstating) DATE	
12,		D DIRECTORS	I 13.	ADDITIONS/CHANGES TO OFFICERS A	
TIFLE	PST	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RAPAILLE, G C		1.2 NAME		
STREET ADDRESS	4748 S. OCEAN BLVD., #603		1.3 STREET ADDRESS		Į
CITY-ST-ZIP	HIGHLAND BEACH FL 33487		1.4 CITY-ST-ZIP		
TITLE	DC	DELETÉ	2.1 TITLE		Change Addition
NAME	RAPAILLE, G C	•	2.2 NAME		
Street Address	4748 S. OCEAN BLVD., #603	•	2.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	Llocicie	2.4 CITY-ST-ZIP		The state of the s
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Addition
			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
1 1			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		\
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-SI-ZIP 5.1 TITLE		Change 2 Addition
NAME			5.2 NAME		17 . 1.
STREET ADDRESS			5.3 STREET ADDRESS	$ \leftarrow $	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
CITY-ST-ZIP			5.4 City-SI-ZiP	- M	1/2//
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME	0000024353 -02/19/98010600	
STREET ADDRESS			6.3 STREET ADDRESS	-02/19/98010600	JU9
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	1

14. Thereby 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 afcurate 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.