

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE JAMES B. MOHRMAN Secretary of State TALLAHASSEE, FLORIDA
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APPROVED  
AND  
FILED

MAY - 1 11:11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H72107 (6)**

1. Corporation Name  
**MARIA BEATRIZ ARANES, INC.**

Principal Place of Business	Mailing Address
% PAUL SALVER 6447 MIAMI LAKES DR.E. STE.225 MIAMI LAKES FL 33014	% PAUL SALVER 6447 MIAMI LAKES DR.E. STE.225 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 State Apt # etc.	26 State Apt # etc.
22 City & State	27 City & State
23 Zip	28 Zip
24	30

3. Date Incorporated or Qualified <b>08/10/1985</b>	3a. Date of Last Report <b>04/11/1994</b>
4. FEI Number <b>59-2563933</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ARANES, MARIA BEATRIZ 6447 MIAMI LAKES DR.,E. STE.225 MIAMI LAKES FL 33014				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARANES, MARIA BEATRIZ	1.2 NAME	
STREET ADDRESS	6447 MIAMI LAKES DR. E.	1.3 STREET ADDRESS	
CITY & STATE	MIAMI LAKES FL	1.4 CITY & STATE	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY & STATE		2.4 CITY & STATE	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY & STATE		3.4 CITY & STATE	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY & STATE		4.4 CITY & STATE	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY & STATE		5.4 CITY & STATE	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY & STATE		6.4 CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the penalty provided in Sections 110.02(1)(b), Florida Statutes. I further certify that the information included 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. 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 of this report in an affidavit with an address.

**SIGNATURE:** *Maria Aranes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR