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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H72107

(6)

MARIA BEATRIZ ARANES, INC.

FILED Apr 15 1997 8:00am Secretary of State



Principal Place of Business Mailing Address # PAUL SALVER # PAUL SALVER 6447 MIAMI LAKES DR.E. STE.225 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 ### PAUL SALVER 6447 MIAMI LAKES DR.E. STE.225 MIAMI LAKES FL 33014-2704				· 		ir 1001 01011 01011 0	IACA BIBIL GIBI	I BIBLI IBRL
					3. Date incorporated or Quali 08/10/1985		ite of Last F 01/1996	Report
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	***************************************	A	pplied For
1		26			59-2563933			ot Applicable
Suite, Apt		Suite, Apt. #. etc.			5. Certificate of Status Desire			Additional equired
City & Sta	al e	City & State			6. Election Campaign Financi Trust Fund Contribution	ng 🗀 _		May Be to Fees
Ζφ	Country	Zip	Cou	intry	8. This corporation has liabilit			s. 199.032,
4	25	29	30	r	Florida Statutes	Yes [
	9. Name and Address of Curr	rent Registered Agent		81 Name	10. Name and Address of Ne	w Registered	Agent	
	ANES, MARIA BEATRIZ			o Name				
	47 MIAMI LAKES DR.,E. STE.229	5	1	82 Street	Address (P.O. Box Number is Not Acc	eptable)		***************************************
MIA	AMI LAKES FL 33014			83				····
				84 City			85 Zip	Code
				City		FL	, 55 *-4/	5000
SIGNATURE	Signature, typical or printed many of regissered a	مربي بالمساحد والمساجي والمساحد والمساحر والمساجر والمساج	(NOTE: Registere	d Agent signatu	e required when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND		
ve	PD	AND DIRECTORS DELETE		TLE	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR Change	
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are nervey certify that the information supplied with this unity does not quality to the exemption stated in section 119.07(5)(f). Florida statutes, i further certify that the information indicated on this annual report or supplemental annual report is true and drat my signature shall have the same legal effect as if made nuclei report as indicated in different 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

77 305.556-6323 Daytimo Prone #

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