FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:51

DOCUMENT # J27217 (5)

1. Corporation Name
ARCOLA, INC.

Principal Place of Business	Mailing Address
% ALLEN H. GRUBER 9100 S. DADELAND BLVD. S-1410 MIAMI FL 33156	% ALLEN H. GRUBER 9100 S. DADELAND BLVD. S-1410 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/04/1986
3a. Date of Last Report: 12/07/1994

2. Principal Place of Business	2a. Mailing Address
21 9350 So. Dixie Highway	26 9350 So. Dixie Highway
22 Suite 1270	27 Suite 1270
23 Miami FLA	28 Miami FLA
24 33156	29 33156
25 USA	30 USA

4. FEI Number: 59-2718029 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRUBER, ALLEN H 9100 S. DADELAND BLVD SUITE 1410 MIAMI FL 33156	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 9350 So. Dixie Highway 83 Suite 1270 84 City: Miami FL 85 Zip Code: 33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHOCKEN, G	1.2 NAME	
STREET ADDRESS	2121 N. BAYSHORE DR #709	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☑ Change ☐ Addition
NAME	GRUBER, R	2.2 NAME	
STREET ADDRESS	~~9100 SOUTH DADELAND BLVD., SUITE 1410~~	2.3 STREET ADDRESS	9350 So. Dixie Highway Ste 1270
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	Miami FLA 33156
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(i), 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 attachment with an address.

SIGNATURE: Glenn M. Schocken 1/27/95 576-0324 305

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0187301 CR