Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90241 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K20100

1. Corporation Name

ARNAIZ AND ASSOCIATES, INC.

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Principal Place	e of Business	Mailing Address				\$4 # Dim 11811 30101 11011 9	RICI ERIS BIRSI RI	All Armis Askii	0131(5151) (441
2307 DOUGLAS	3 RD	2307 DOUGLAS RD							
5TH FLOOR SUITE 502 MIAMI FL 33145 MIAMI FL 33145				DO NOT W			ITE IN THIS	SPACE	
MIAMI FL 33145 US	, .	MIAMI PL 33143				3. Date Incorporated or Qualifed	<u> </u>		
00	·					04/05/1988		•	
2. Principal P	lace of Business	2a. Mailing Address		_		4. FEI Number		Ag	pplied For
21		26			_	65-0040930		No.	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		*	Additional equired
City 9 Stat	ere jarren i geren er i geren i geren er geren e	City & State				6. Election Campaign Financing	•		May Be
City & State	e : · · · · · · · · · · · · · · · · · ·	28				Trust Fund Contribution	Ô	-	to Fees
23 Zip	Country	Zip	Count	гу		8. This corporation owes the cur	rent vear Inta	_	
24	25	29	30	•		Personal Property Tax.	, ,	∐Yes	□No
241	9. Name and Address of Curren					10. Name and Address of New	Registered /	Agent	
			8	1 Name	₽	_			
	IAIZ, LIVIA		8	2 Stree	t Addres	s (P.O. Box Number is Not Accep	table)		
	7 DOUGLAS ROAD		Ľ						
	FLOOR		8	3					
MIAN	MI FL 33145		8	4 City				85 Zip	Code
	<u></u>						<u> </u>	<u> </u>	!-4
office at t	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change was :	authorized b	v the con	d corpor poration	ation submits this statement for the 's board of directors. I hereby acce	e purpose of ∋pt the appoir	changing its ntment as re	s registered egistered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Fl	orida Statute	es.				·	
	•								
SIGNATURE	-		E: Consistered As	oet eigenture	o roquirad u	chen reinstating)	DATE		
	Signature, typed or printed name of registered ager		E: Registered A	gent signature	e required w	when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AN	D DIRECTO	ORS IN 12
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14. I hereby 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP