FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K37080** **(4)**

1. Corporation Name

ARP, INC., DISTRIBUTORS & EXPORTERS

Principal Place of Business	Mailing Address
7225 N.W. 25TH ST. 314 MIAMI FL 33122	7225 N.W. 25TH ST. 314 MIAMI FL 33122

3. Date Incorporated or Qualified: **10/06/1988**
3a. Date of Last Report: **06/15/1995**

2. Principal Place of Business — 21 ___ ; Suite, Apt. #, etc. 22 ___ ; City & State 23 ___ ; Zip 24 ___ ; Country 25 ___

2a. Mailing Address — 26 ___ ; Suite, Apt. #, etc. 27 ___ ; City & State 28 ___ ; Zip 29 ___ ; Country 30 ___

4. FEI Number: **65-0080456** ☐ 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

PRATS, GABRIEL
151 MAJORCA AVE
STE C
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PARREIRAS, LUIZ F.	
STREET ADDRESS	8235 LAKE DR., SUITE D-505	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	PAPADAM, ANDREAS	
STREET ADDRESS	550 BRICKELL AVE., SUITE 502	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S	☐ Change ☐ Addition
2.2 NAME	PAPADAM, ANDREAS	
2.3 STREET ADDRESS	1501 VENERA AVE. #210	
2.4 CITY-ST-ZIP	CORAL GABLES FL 33146	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: [signature] LUIZ F. PARREIRAS - PRESIDENT 04/29/96 (305) 599-8852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)