

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
Tallahassee, Florida 32304-0001

**APPROVED
AND
FILED**

95 MAY -1 AM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04871** (4)
A.R.C., INCORPORATED

Principal Place of Business: **ONE BISCAYNE TWR. #3400
2 S. BISCAYNE BLVD.
MIAMI FL 33131-1807**
Mailing Address: **ONE BISCAYNE TWR. #3400
2 S. BISCAYNE BLVD.
MIAMI FL 33131-1807**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified 07/24/1989	3a. Date of Last Report 08/09/1994
4. FLE Number 65-0173111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for nonpayment of franchise Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
24. City	29. City
25. ZIP Code	30. ZIP Code

9. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
2 S. BISCAYNE BLVD.
#3400
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(9) 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 understand the obligations of Section 607.02(2) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE 11)	
OFFICER	DP ROSALES, ALFREDO A. 2 S. BISCAYNE BLVD. MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	S ROSALES, XAVIER F. 2 S. BISCAYNE BLVD. MIAMI FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 607.02(2) 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 my name and title were printed on the document of the corporation or the record of the corporation entered in the report, as required by a chapter in Florida Statutes, and that my name appears on the back of the document or is attached thereto with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR