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Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **L68653** **(9)**

1. Corporate Name
ARIELLA, INC.

Principal Place of Business
%CLARITA COOPER
6575 W. OAKLAND PARK BLVD. #214
LAUDERHILL FL 33313-1144

Mailing Address
%CLARITA COOPER
6575 W. OAKLAND PARK BLVD. #214
LAUDERHILL FL 33313-1144

12335 River Falls Ct. Same

2. Principal Place of Business
21
Suite/Apt. #
22 Boca Raton FL 33428
City & State
23
Zip
24 33428
County
25 PBC

2a. Mailing Address
26
Suite/Apt. #
27
City & State
28
Zip
29
Country
30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/20/1990

4. FEI Number
65-0364892
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COOPER, CLARITA
6575 W OAKLAND PARK BLVD #214
LAUDERHILL FL 33313
12335 River Falls Ct
Boca Raton FL 33428

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 [illegible] 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. The above 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 (Required when filing) DATE

12. OFFICER AND DIRECTOR

TITLE PD ☐ DELETE
NAME COOPER, CLARITA
STREET ADDRESS 6575 W OAKLAND PK BL 214
CITY ST ZIP LAUDERHILL 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

CR2E034 (10/97)

14. I hereby certify that the information indicated on this report or supplemental 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 added.

SIGNATURE: [signature]