FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L70298

(9)

ARCO INTERNATIONAL, INC.

Principal Place of Business

C/O GEOFFREY M. WAYNE. P.A.

Mailing Address

C/O GEOFFREY M. WAYNE, P.A.

FILED Feb 10 1998 8:00am Secretary of State



MIAMI FL 33131-4940		MIAMI FL 33131-4940		DO NOT WRITE IN THIS SPACE		
· - 	•			3. Date Incorporated or Qualified		
A D:		I.A. D. W. T.		05/03/1990		A 17 2 ***
	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21 1001 Brickell Bay Drive Suite Apt # etc		26 1001 Brickell Bay Drive		65-0193365		Not Applicable
2 2702	#, etc	Suite, Apt #, etc 27 2702		5. Certificate of Status Desired		Additional Required
City & State	D	City & State		6. Election Campaign Financing		O May Be
Miami.		28 Miami, FL		Trust Fund Contribution		d to Fees
Zip	Country	7(0)	Country	8. This corporation owes or has paid the co		
4 33131-	-4940 25 US	29 33131-4940	30 US	Personal Property Tax due June 30.	Yes	□ Ño
	9. Name and Address of Curre			10. Name and Address of New Registered	l Agent	
WA	YNE, GEOFFREY M P.A.		81 Name			
	1 BRICKELL BAY DRIVE		82 Street Add	ress (DA Par Number is Not Acceptable)		
	TE 2702	•		<u></u>		
MIA	WI FL 33131-4940		83	27 9		
			84 City		85 Zi	p Code
				FI		<u> </u>
SIGNATURE	Supration: Typed or product mone of registers Large		Hegistered Agent signature requi	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate when renstating) DATE	· · · · · · ·	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
TITLE	DP	DELETE	1.1 TITLE		Chang	e Additio
NAME	CARTAGENA, GUSTAVO		1.2 NAME			
STREET ADDRESS	1001 BRICKELL BAY DRIVE S	SUITE 2702	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131-4940		1.4 CITY-ST-ZIP			
TITLE	DS	☐ DELFTE	2 1 1fflE		Chang	e 🔲 Additio
NAME	POCASANGRE, ARNOLDO		2.2 NAME			
STREET ADDRESS	1001 BRICKELL BAY DRIVE S	SUITE 2702	2 3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131-4940		2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3 1 TULE		L Chang	e 🔲 Additio
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
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TITLE		ב שננוונ	4 1 TITLE		LT CHAIN	e L.J AUGILIOI
NAME STREET ADDRESS			4 2 NAME 4 3 STREET ADDRESS			
•			4.3 STREET ADDRESS			
CITY+ST-ZIP TITLE		☐ DELFTE	51 TITLE		☐ Chang	e 🔲 Additio
NAME			52 NAME		_ •	_
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		DELETE	6 1 TITLE	to safety the first to the safety to the saf	Chang	e 🔲 Additio
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADORESS			
CITY CT 710			6.4 CITY - ST - 7IP			

14. Thereby 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 trusted 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:

2/4/98

305.381.8/08