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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **L70298**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90086 005 ***150.00

ARCO IN	NTERNATIONAL, INC.							
Principal Place	e of Business	Mailing Address			I SMASSANT ATS LABOUR ADVIA ISBUST AND	184 IBN BIBN BI	#15 #1# 11 # 1 # 11	#1811 81811 1881
1001 BRICKELL	BAY DR	1001 BRICKELL BAY DR						
SUITE 2702		SUITE 2702				FE IN T180	00405	
MIAMI FL 33131-4940		MIAM! FL 33131-4940			DO NOT WRITE IN THIS SPACE			
US		us			3. Date Incorporated or Qualifed			1
		- 11 Tr - 11 Tr - 1			05/03/1990 4. FEI Number			nation For
2. Principal Place of Business		2a. Mailing Address			65-0193365		Applied For Not Applicable	
21 Suite Apt # etc		Suite, Apt. #, etc.			0070190000	\$8.75 Additional		
Suite, Apt. #, etc.		Suite, Apr. #, etc.			Certificate of Status Desired			equired
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
		28			Trust Fund Contribution			to Fees
Zip Country		Zip Country		8. This corporation owes the curre	ent vear Inta	ngible		
24	25	<u> </u>	30		Personal Property Tax.		☐Yes	□No
2-7	9. Name and Address of Current				10. Name and Address of New R	egistered A	Agent	
		 	81	Name				
Wayne, Geoffrey M P.A. 1001 Brickell Bay Drive			82	Stroot Add	Address (P.O. Box Number is Not Acceptable)			
			02	Street Auc	diess (F.O. Box Hamber is Not Accepte	bicj		
	TE 2702		83					
MIA	MI FL 33131-4940					_	De Cin	Codo
			84	City		FL	85 Zip	Code
office or r	registered agent, or both, in the State o im familiar with, and accept the obligati	2 and 607.1508, Florida Statute of Florida, Such change was au ions of, Section 607.0505, Flori	ithorized by	the corpora	tion's board of directors. I hereby accep	it the appoir	iuneni as it	egistered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligati Signature, typed or printed name of registered agent	of Florida. Such change was au ions of, Section 607.0505, Flori	ithorized by ida Statutes	the corpora	tion's board of directors. I hereby acceptive when reinstating)	DATE		agistered
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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.

SIGNATURE: