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Feb 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L81494

(1)

1. Corporation Name
ARIAN MOTORS CO.



Principal Place of Business

2151 W. HILLSBORO BLVD
SUITE 201
DEERFIELD BEACH FL 33442
US

Mailing Address

2151 W. HILLSBORO BLVD
SUITE 201
DEERFIELD BEACH FL 33442-1275
US

2. Principal Place of Business

21 117 SEA ISLAND LANE

Suite, Apt. #, etc.

22 City & State

23 BOCA RATON, FLORIDA

Zip

24 33431

Country

25 USA

2a. Mailing Address

26 P.O. Box 812318

Suite, Apt. #, etc.

27

City & State

28 BOCA RATON, FLORIDA

Zip

29 33481-2318

Country

30 USA

3. Date Incorporated or Qualified

06/18/1990

3a. Date of Last Report

02/29/1996

4. FEI Number

65-0256326

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

LECUONA, FRANCISCO
2151 W. HILLSBORO BLVD
SUITE 201
DEERFIELD BEACH FL 33442-

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

117 SEA ISLAND LANE

83

84 City

BOCA RATON,

FL

85

Zip Code

33431

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LANDA-LECUONA, YVONNE

STREET ADDRESS 117 SEA ISLAND LANE

CITY-ST-ZIP BOCA RATON FL

TITLE STD ☐ DELETE

NAME LECUONA, FRANCISCO

STREET ADDRESS 2151 W. HILLSBORO BLVD.

CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

117 SEA ISLAND LANE
BOCA RATON, FLORIDA 33431

14. I do 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.

SIGNATURE: YVONNE LANDA-LECUONA *Yvonne Landa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/97

(561) 394-6969

CR2E034 (9/96)