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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 23 1996 8:00 am  
Secretary of State

DOCUMENT # **L84258** (7)

1. Corporation Name

**ARA INTERNATIONAL, CO.**

Principal Place of Business

**2620 SW 27 AVE  
MIAMI FL 33133**

Mailing Address

**2620 SW 27 AVE  
MIAMI FL 33133**

3. Date Incorporated or Qualified  
**06/29/1990**

3a. Date of Last Report  
**01/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARANGO, MARIO  
2620 SW 27 AVE  
MIAMI FL 33133**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 each listed agent is required if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PD  
ARANGO, MARIO**

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

**2620 SW 27 AVE**

1.2 NAME

STREET ADDRESS

**MIAMI FL**

1.3 STREET ADDRESS

CITY-STATE-ZIP

**STD**

1.4 CITY-STATE-ZIP

NAME

**FERNANDEZ SILVA, HENRY**

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

**2620 SW 27 AVE**

2.2 NAME

CITY-STATE-ZIP

**MIAMI FL**

2.3 STREET ADDRESS

TITLE

**D**

☒ DELETE

2.4 CITY-STATE-ZIP

☐ Change

☐ Addition

NAME

**AGUILERA, GUIDO**

3.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

**815 PONCE DE LEON BLVD**

3.2 NAME

CITY-STATE-ZIP

**CORAL GABLES FL**

3.3 STREET ADDRESS

TITLE

☐ DELETE

3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

NAME

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

CITY-STATE-ZIP

4.2 NAME

TITLE

☐ DELETE

4.3 STREET ADDRESS

☐ Change

☐ Addition

NAME

☐ DELETE

4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

STREET ADDRESS

CITY-STATE-ZIP

5.1 TITLE

☐ Change

☐ Addition

NAME

☐ DELETE

5.2 NAME

STREET ADDRESS

CITY-STATE-ZIP

5.3 STREET ADDRESS

☐ Change

☐ Addition

TITLE

☐ DELETE

5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

NAME

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

CITY-STATE-ZIP

6.2 NAME

TITLE

☐ DELETE

6.3 STREET ADDRESS

☐ Change

☐ Addition

CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

SIGNATURE:

**MARIO ARANGO**

**1/24/96**

**(305) 443-1632**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)