

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M13045** (3)

1. Corporation Name  
**ARSADA INVESTMENTS, INC.**



Principal Place of Business

950 S. DIXIE HIGHWAY  
HOLLYWOOD FL 33020

Mailing Address

950 S. DIXIE HIGHWAY  
HOLLYWOOD FL 33020

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**03/21/1985**

3a. Date of Last Report  
**04/17/1995**

21 State, Apt. #, etc.

26 State, Apt. #, etc.

4. FEI Number  
**59-2505739**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24

25

29

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAPIRO, SAMUEL**  
950 S. DIXIE HIGHWAY  
HOLLYWOOD FL 33020

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 607.0527 and 607.1503, 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 I accept the obligation of, Section 607.0525, Florida Statutes.

SIGNATURE

Signature of the person authorized to file this report

Signature of the Registered Agent (Required when changing)

DATE

12. OFFICERS AND DIRECTORS	
12.1 TITLE	<input type="checkbox"/> DELETE
12.2 NAME	<b>PST SHAPIRO, SAMUEL</b>
12.3 STREET ADDRESS	<b>950 S. DIXIE HIGHWAY</b>
12.4 CITY, STATE, ZIP	<b>HOLLYWOOD FL</b>
12.5 TITLE	<input type="checkbox"/> DELETE
12.6 NAME	<b>D SHAPIRO, SAMUEL</b>
12.7 STREET ADDRESS	<b>950 S. DIXIE HIGHWAY</b>
12.8 CITY, STATE, ZIP	<b>HOLLYWOOD FL</b>
12.9 TITLE	<input type="checkbox"/> DELETE
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, STATE, ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, STATE, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, STATE, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, STATE, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Samuel Shapiro* **SAMUEL SHAPIRO** 2/24/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE OF FILING

CR2E034 (12/95)