Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90088 036 ***150.00

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

^ PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M41707

ARPE	NTERPRISES CORP.										
Principal Place	e of Business	Mailing Add	ress				T SEBURANT UR BINNY IININ FRANK PR	III IMEE DINEI BINII MANI			
% JOSE PICO % JOSE PICO 2238 W. 3RD AVE. 2238 W. 3RD AVE. HIALEAH FL 33010 HIALEAH FL 33010							DO NOT WRITE IN THIS SPACE				
						:	3. Date Incorporated or Qualifed 11/17/1986				
2. Principal P	lace of Business	2a. Mailing /	Address				4. FEI Number		Apr	olied For	
21		26	26				59-2744931		Not	Applicable	
Suite, Apt.	#, etc.	_ ⊢ ' '	Suite, Apt. #, etc.				5. Certifcate of Status Desired	ed \$8.75 Additional Fee Required			
City & State City & State							6. Election Campaign Financing	\$:	5.00	May Be	
23		28	28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip		Country			8. This corporation owes the curr	ent year Intangible	÷ 4		
24	25	29	3	0			Personal Property Tax.	Ye		No I	
	9. Name and Address of Curr	rent Registered Ag	ent				10. Name and Address of New R	Registered Agent	/		
DICC	D. JOSE			81	Name					İ	
	B W. 3RD AVE.				Street /	Addres	ddress (P.O. Box Number is Not Acceptable)				
HIAL	EAH FL 33010			83							
				84	City			FL 85	Zip C	ode	
			Florido Outrido	1			at a second for the		ina ite	rogistored	
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such d	hande was auti	horized hv	the corpo	oration	ation submits this statement for the 's board of directors. I hereby accep	of the appointment	as reg	jistered	
SIGNATURE								DATE		{	
40	Signature, typed or printed name of registered a	AND DIRECTORS	(NOTE: R	13.	nt signature re	equirea y	when reinstating) ADDITIONS/CHANGES TO OF		FCTO	RS IN 12	
TITLE	DPS		DELETE	1.1 TITLE			ADDITIONO/OFFICE TO OF		hange	Addition	
NAME	PICO, JOSE			1.2 NAME				_	-		
STREET ADDRESS	2238 W 3 AVE		1.3 STREET ADDRESS						1		
CITY-ST-ZIP	HIALEAH FL 33010			1.4 CITY-S	i					ł	
TITLE	DVPT		DELETE	2.1 TITLE	· = -		-	C	hange	Addition	
NAME	RODRIGUEZ, ANGEL			2.2 NAME						ł	
STREET ADDRESS	ACCOUNT OF ANTE				T ADDRESS		•			[
CITY-ST-ZIP	HIALEAH FL 33010			2. 4 CITY-	, i	1	• —.				
TITLE			DELETE	3.1 TITLE					hange	Addition	
NAME				3.2 NAME						1	
STREET ADDRESS				3.3 STREE	T ADDRESS						
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP						
TITLE			DELETE	4.1 TITLE				□c	hange	☐ Addition	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREE	T ADDRESS						
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			·			
TITLE			DELETE	5.1 TITLE	Ì			□c	hange	☐ Addition	
NAME				5.2 NAME				•			
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP			<u>.</u>	5.4 CITY-S	T-ZIP						
TITLE		[DELETE	6.1 TITLE				□c	hange	Addition	
NAME				6.2 NAME						į	
STREET ADDRESS				6.3 STREE	TADORESS					1	

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 of the exemption 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 of on an attractionent with an address, with all other like empowered. 14. I hereby certify that the information

SIGNATURE: