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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M46279

1. Corporation Name

ARINGO ENTERPRISES, INC.

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| Principal Place | of Business | _ | Mailing Ad | dress | | | | | 1 1981 | +II WI | | | | 1411 | J | |
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| 03 | | | 00 | | | | | | 02/09/ | • | | | | | | |
| 2. Principal Pl | ace of Business | | 2a. Mailing | Address | | | | 4. | FEI Numi | | | | - | | 77 | Applied For |
| — ' | acc or basinoos | - | 26 | | | | | Ì | 59-276 | 6706 | | | | | h | lot Applicable |
| Suite, Apt. | # etc | | | Apt. #, etc. | | | | | | | | | _/ | | | Additional |
| 22 | | 2 | 27 | | • | | - | 5. | Certifcate | of Statu | s Desir | ed | <u> </u> | ~ - | Fee F | Required |
| City & State | • | | City & S | State | | | | 6. | Election (| Campaig | n Finan | cina | | - | \$5.0 | May Be |
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| Zip | Country | | Zip | | Cour | itry | | 8. | This corp | oration o | wes the | curre | nt year | Intan | gible | ./ |
| 24 | 25 | 2 | 29 | | 30 | | | | Personal | | | | · | | ŬYes | _ ⊡ No |
| | 9. Name and Address | | | gent | | | | 10. | Name an | d Addre | ss of N | lew R | egister | ed Ag | ent | |
| | | | | | | 81 | Name | | | | | | | | | |
| PEN' | ton, sergio | | | | | 82 | Chec -1 * | Adden - a /m | P.O. Box N | lumber te | Not A - | conto | hla) | | | |
| 3191 | CORAL WAY | | | | | 82 | Street A | Address (P | .U. Box N | umberis | NOT AC | серіа | ле) | | | |
| SUIT | E 200 | | | | } | 83 | | | | | | | | | | |
| MIAN | AI FL 33145 | | | | Į. | \bot | | | | | | | | , | | |
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT