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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # M89585

(7)

J. ARANA CORPORATION

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

FILED May 07 1997 8:00am Secretary of State

Principal Place of Business Mailing Address												
6400 MIDNIGHT PASS ROAD B234 MID					MIDNIGHT PASS ROAD SOTA FL 34242-2731							
									3. Date Incorporated or Qualified 07/06/1988		ate of Las 01/1996	
	Place of Busine	28.	28. Mailing Address				4. FEI Number	- 1		Applied For		
21		26					65-0060401			Not Applicable		
Suite, Apt.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired		4	5 Additional Required	
City & Stat	te	28	City & State					Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees	
Zip		Country		Ζip		Country	,		8. This corporation has liability for	=		
24	2	5	29	•	30						Tax unde TNo	8. 199.032,
9. Name and Address of Current Registered Agent						-T			10. Name and Address of New Registered Agent			
ARANA, JAVIER A 81 Name							ne		•			
8234 MIDNIGHT PASS ROAD												
SARASOTA FL 34242						82	Stre	ect Addre	ddress (P.O. Box Number is Not Acceptable)			
OTHER OTHER						83						
						84	City			FL	85 Z	p Code
11. Pursuant office or r agent. I s	to the provisio registered age am familiar with	ns of Sections 607.05 nt, or both, in the Stat i, and accept the obli	02 and 60 e of florid gations of,	07.1508, Florida la Such chango Section 607.05	Statutes, the was authorida 05, Florida	he above prized by Statute	e-nam y the d s.	ed corpc corporatio	oration submits this statement for the pon's board of directors. I hereby accept		changing ointment	g its registered as registered
SIGNATURE	Signature, typed or	printed name of registered a	gent and title i	Lappicable.	(NOTE: Hog	estored Ago	ent signa	sture required	d when reinstatug)	DATE		
12.	1	OFFICERS AF	4D DIREC			13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	ORS IN 12
TITLE	DP\$			☐ DELE	1E	1.1 TITLE					Chang	e Addition
NAME	ARANA, JA					1.2 NAME						
STREET ADDRESS		IGHT PASS RD.				1.3 STRELT	ADDRES	SS				
CITY-ST-ZIP	SARASOTA FL					1.4 CHY-ST-ZIP						
TITLE	DT			☐ DELE	ł E	2.1 TITLE				•	Chang	8 Addition
NAME	ALLEN, MA					2.2 NAME						
STREET ADDRESS		IGHT PASS RD				23 STREET	ADDRES	SS				
CITY-ST-ZIP	SARASOTA	\ FL				2 4 CITY-	ST-ZIP					
TITLE				DETE.	TE	31 TITLE					Change	e
NAME					1	3 2 NAME						
STREET ADDRESS					1	3 3 STREET	ADDRES	ss				
CITY-ST-ZIP						3.4. CITY - 5	S1 - ZIP					
TITLE				DELE	TE.	4.1 TITLE					Change	e 🔲 Addition

G.4 CITY - ST - ZIP 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 logal 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

4.4 CITY - ST - ZIP

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Change

Change

Addition

Addition