DOCUMENT # P0000019110  1. Entity Name ARANGO ART SALES, INC.						Mar 16, 2001 8:00 am Secretary of State 03-16-2001 90044 022 ***150.00				
Principal Plac 3184 MARY ST COCONUT GRO		Mailing Address 3184 MARY STREET COCONUT GROVE FL 33133				- เบบอนุอหุส				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State		<b>4.</b> F	El Number 65- 10	15922	No	plied For t Applicable		
Zip Country  6. Name and Address of Curren		Zip	Country		5. (	Certificate of Status Des	ired 🔲 p	8.75 Add	itional	
vencer :	6. Name and Address of Current			_Name -		lame and Address of I	New Registered A	gent		l.,
ARANGO, EDUARDO 3184 MARY STREET COCONUT GROVE FL 33133			-: <b>-:</b>			ox Number is Not Acce	eptable)			
				City			FL	Zip Code		
Tax filing (See crite	Signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	FILE NOW After MAY 1, 2 Make Check Paya	/!!! FEE 001 Fee able to De	IS \$150.00 will be \$55	0.00 of State	10. Election Campai Trust Fund Conti	ribution,	Added	May Be to Fees	
11	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO	OFFICERS AND I	DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ARANGO, EDUARDO 3184 MARY STREET COCONUT GROVE FL 33133	☐ Delete		t t				☐ Change	Addition	E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1				☐ Change	Addition	CRZ
TITLE .NAME STREET ADDRESS CITY-ST-ZIP	and the second s	□ Delete					<u></u>	☐ Change	Addition	, ,,-
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address.	s true and accurate and that owered to execute this repor with all other like empowered	my signat t as requir d.	ure shall hav ed by Chap	e the same le er 607, Florid	19.07(3)(i), Florida Stategal effect as if made uda Statutes; and that my	nder oath; that I an y name appears in	n an officer i Block 11 or	formation or director Block 12 if	
	SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNING OFFICER	OR DIRECT	OR		Date	Day	time Phone #		