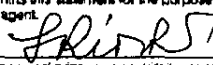
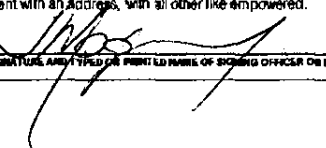


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90186 020 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000041239		
1. Entity Name ARCAL, CORP		
Principal Place of Business 5600 SUNSET DR. SOUTH MIAMI, FL 33143		Mailing Address 2330 NW 102 AVE UNIT BAY #1 MIAMI, FL 33172
2. Principal Place of Business		3. Mailing Address 5600 SUNSET DR.
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State SOUTH MIAMI, FL
Zip	Country	Zip 33143 Country
4. Name and Address of Current Registered Agent GORRIN, ALEJANDRA C 10674 NW 51 STREET MIAMI, FL 33178		4. Name and Address of New Registered Agent Name LEOPOLDO G. RIOS Street Address (P.O. Box Number is Not Acceptable) 1800 W. 49TH STREET SUITE 301 City HAIALEAH FL Zip Code 33012
5. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 04/14/2003		
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RODRIGUEZ, ALFREDO 5600 SUNSET DR. SOUTH MIAMI, FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASADO, ARTURO 5600 SUNSET DR. SOUTH MIAMI, FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  DATE: 04/14/03		

90089131



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **02-0626168** Applied For
Not Applicable

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



CR20034 (10/02)