2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2004
Secretary of State

DOCUMENT# P02000106935

Entity Name: ARISTA INTERNATIONAL, CORP.

Current Principal Place of Business:

5720 SW 5TH STREET
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

5720 SW 5TH STREET
MIAMI, FL 33144

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARCIERI, BRUNO A
5720 SW 5TH STREET
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	ARCIERI, BRUNO A	
Address:	5720 SW 5TH STREET	
City-St-Zip:	MIAMI, FL 33144	
Title:	VD	( ) Delete
Name:	ARCIERI, MANLIO	
Address:	5720 SW 5TH STREET	
City-St-Zip:	MIAMI, FL 33144	
Title:	SD	( ) Delete
Name:	ARCIERI, GIGLIOLA	
Address:	5720 SW 5TH STREET	
City-St-Zip:	MIAMI, FL 33144	
Title:	TD	( ) Delete
Name:	ARCIERI, ITALO	
Address:	5720 SW 5TH STREET	
City-St-Zip:	MIAMI, FL 33144	
Title:	D	( ) Delete
Name:	FREN DE ARCIERI, GEORGINA	
Address:	5720 SW 5TH STREET	
City-St-Zip:	MIAMI, FL 33144	
Title:	D	( ) Delete
Name:	ARCIERI, FIORELLA	
Address:	5720 SW 5TH STREET	
City-St-Zip:	MIAMI, FL 33144	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUNO ARCIERI PRES 10/19/2004

Electronic Signature of Signing Officer or Director — Date