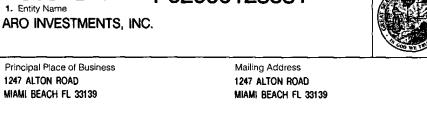
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000128581





05-05-2003 90729 003 ***150.00

ARO INVE		S, INC.			:							
Principal Place of Business 1247 ALTON ROAD MIAMI BEACH FL 33139			1247	Mailing Address 1247 ALTON ROAD MIAMI BEACH FL 33139							1818) (101 188)	
2. Principal P	Place of Busin	ess	3. Mai	ling Address				i i ss ilasi, şii ss ila iliki siril				
Suite, Apt.	. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	te.		City	City & State			- "	F/ 221 All On				
Zip		Country	Zip	_	Count	try				Fee Require		
	6. Name	and Address of Curre	nt Registere	ed Agent				7. Name and Address of Ne	w Registere	d Agent		
		_	•		1	Name Amado, Alijando						
AMADOR, ALEJANDRO 1247 ALTON ROAD					3. Mailing Address Suite, Apr. #, etc. City & State Applied For Not Applicable Zip Country S. Certificate of Status Desired Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code It for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept Internal Applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution Added to Fees	Street Address (P.O. Box Number is Not Acceptable)						
· MIAMI BE/	ACH FL 331	39					_					
					ì	City			F	Zip Coo	ie	
8. The above the obligat	named entity tions of registe	v submits this statement ered agent.	for the purp	ose of changing its	registere	ed office or re	gistere	d agent, or both, in the State o	f Florida. Ta	m familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered age	nt and title if app	licable. (NOTE	: Registered	d Agent signature	required w	vhen reinstating)	DATI			
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.0 Florida Department										
10.	<u> </u>	OFFICERS AN	D DIRECTO		-6			ADDITIONS/CHANGES TO	OFFICERS A			
NAME STREET ADDRESS CITY-ST-ZIP	1247 ALTO	ALEJANDRO N ROAD CH FL 33139		□ Delete	NAME STREE	ET ADDRESS	D	>		☐ Change	☐ Addition	
NAME- STREET ADDRESS CITY ST-ZIP	D GONZALEZ 1247 ALTO	; rene m		☐ Delete	NAME STREE	ET ADDRESS	D		· • ·	☐ Change	Addition Addition	
	D FERNANDE 1247 ALTO	z, oscar		☐ Delete	NAME STREE	ET ADDRESS	D)		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAME STREE	ET ADDRESS				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAME STREE	ET ADDRESS				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	NAME STREE	ET ADDRESS	 -			☐ Change	Addition	
on rai-ar	L			_ () _	CITY-	51-ZIP						

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 trie 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 employed 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:

PO2000128581

INTERNAL REVENUE SERVICE HOLTSVILLE NY 00501-0023

Your Telephone Number (786) 486- 184/

Best Time to Call 11am - 5:00 pm

DATE OF THIS NOTICE: 03-07-2003 EMPLOYER IDENTIFICATION NUMBER: FORM: SS-4 NOBOD

56-2319480

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

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CP 575

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ARO INVESTMENTS INC 1247 ALTON RD MIAMI BEACH FL 33

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