## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P92000007866 (6) DOCUMENT #

1. Corporation Name

ARISE, INC.				
rincipal Place of Business	Maling Address		) (BBHAD) (IS 1831A NEW COUNTY 221	1) \$2111 \$4(1) \$4(1) (420) (31)2 \$1114 \$111 32
200 LESLIE DR	200 LESLIE DR #714			
#714 Hallandale FL 33009	HALLANDALE FL 33009		3. Date incorporated or Qualified 11/30/1992	3a. Date of Last Report 04/28/1995
Principal Place of Business	2a. Mailing Address	19 CT	4. FEI Number	Applied For Not Applicable
12159 Sw 49 CT		44 C1	NOT APPLICABLE	\$8.75 Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State	City & State	/ E/	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Cooper City. FL	28 Coopen City	Country	This corporation has liability for it	
Zip 33330 25 Blow Arty	29 33330 30	_ 4	Florida Statutes	<b>∭</b> No
g. Name and Address of Curre	ent Registered Agent	Od Name	10. Name and Address of New R	egistered Agent
		81 Name	suillermo 15E	del .
LAW FIRM OF MANFRED ROSENOV	<i>I</i> , P.A.	82 Street Ad	dress (P.O. Box Number is Not Acceptate	ne)
2425 CORAL WAY		83	<u> </u>	
MIAMI FL 33145		84 City		FL 85 Zip Code
		Coo	fea city	
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Fiorida Statutes, I	the above named corp by the corporation's bo	poration submits this statement for the pupard of directors. Thereby accept the app	rpose of chariging its registered officiontment as registered agent 1 am
or registered agent, or bold, in the State of Fit familiar with, and accept the obligations of, Sc	ection 607.0505, Florida Statutes.	oy trio emperensi	oration submits this statement for the pu pard of directors. I hereby accept the app	03-12-96
SIGNATURE CANAL COLLEGE	no let 116 stanill.	Rugistered Agent signature real	and when to instability	DATE
Signal Association protection and of registered at	HOTE OF THE COURSE OF THE COUR	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
III. OFFICERS	DELETE	1. 1 TELE		Change 🔲 Addition
NAME / ISE, GUILLERMO		1.2 NAME	12119 Sw. 49 CT	1
STREET ADDRESS 200 LESLIE DR #714		1.3 STREET ADDRESS	Cooled Ciry- 9. 3333	· ^
CITY-ST-ZIP HALLANDALE FL 33009		1.4 CFY-ST-ZiP	Cooren C179-4. 5500	
TITLE VSD	DELETE	2 1 111.6		<b>"</b>
NAME ISE, PATRICIA		2.2 NAME 2.3 STHEET ADDRESS	17159 SW 49 CT	
STREET ADDRESS 200 LESLIE DR #714		2 4 City-St-ZiP	cooled city. Fl. 33230	)
CITY-ST-ZIP HALLANDALE FL 33009	DELETE	3 1 THE		Change Addition
TITLE		3.2 NAME		
NAME STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST ZIP		3.4.0/1Y - ST - ZIP		: Change Addition
TITLE	☐ DELETE	4. 1 TITLE		C ******* C *******
NAME		4 2 NAME 4 3 STRELL ADDRESS		
STREET ADDRESS		4 4 CHY-SI-ZIP		
CITY - ST - ZIP	DELETE	5 1 TITLE		☐ Change ☐ Addition
TITLE		5.2 NAME		<u> </u>
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		5 4 ČITY - SI - ZIP		Change Addition
TITLE	☐ DELETE	6 1 TITLE		
NAME		6.2 NAME + 6.3 STREEN ADDRESS	5000017 -04/10/9601	(4303 4.\ 1002002 4.\√
STREET ADDRESS		6.4 CITY - ST - 7(P	-04/10/35*** ***200 00	1002-002
STREET ADDRESS  CITY - ST - ZIF  14. I do hereby certify that the information supply	lied with this filing is voluntarily furnis	shed and does not qua	alify for the exemption stated in Section 1	19.07(3)(k), Florida Statutes. I further he same legal effect as if made unde
certify that the information increated on this	exposation or the receiver or trustee	entrowered to execut	ccurate and that my signature shall have to te this report as required by Chapter 607,	Florida Statutes; and that my name
oath; that I am an officer or director of the cappears in Block 12 or Block 13 if change?	Of the all branching at a conservation			
1 (2 \)////	Coilleans 100	la da	f. 03-12-96	(954)680-1808
SIGNATURE:		17/3-7/W/-A	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	