

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

1995



STATE OF FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000014548 (0)

95 MAY -1 PM 2:17

ARLEIS, INC.

(PLEASE WRITE IN THIS SPACE)

3. Date this report filed for: 02/26/1993	3a. Date of last report: 05/01/1994
4. FCI Number: APPLIED FOR 65-0391902	Applied For: ☐ Not Applicable: ☐
5. Certificate of Status Desired: ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing: ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 196.03, Florida Statutes: ☒ Yes ☐ No	

2. Name of Corporation: ARLEIS, INC.	2a. Mailing Address: 1204 SW 8TH ST MIAMI FL 33135
21. State of Incorporation: FL	26. State of Incorporation: FL
22. Date of Incorporation: 05/01/1994	27. Date of Incorporation: 05/01/1994
23. Date of Last Report: 05/01/1994	28. Date of Last Report: 05/01/1994
24. Date of Next Report: 05/01/1995	29. Date of Next Report: 05/01/1995
25. Date of Next Report: 05/01/1995	30. Date of Next Report: 05/01/1995

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ARIAS, ADOLFO 1204 SW 8TH ST MIAMI FL 33135		ARIAS, ADOLFO 1204 SW 8TH ST MIAMI FL 33135	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. State	
85. Zip Code		86. Zip Code	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation has duly complied with the provisions of Chapter 196, Florida Statutes, and that the corporation has duly complied with the provisions of Chapter 196, Florida Statutes, and that the corporation has duly complied with the provisions of Chapter 196, Florida Statutes.

SIGNATURE: _____

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
DP NAME: ARIAS, ADOLFO STREET ADDRESS: 1204 SW 8TH ST CITY: MIAMI STATE: FL ZIP: 33135	DT NAME: FERRADAZ, LEONEL STREET ADDRESS: 1204 SW 8TH ST CITY: MIAMI STATE: FL ZIP: 33135
DS NAME: GARCIA, ISABEL STREET ADDRESS: 1204 SW 8TH ST CITY: MIAMI STATE: FL ZIP: 33135	

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation has duly complied with the provisions of Chapter 196, Florida Statutes, and that the corporation has duly complied with the provisions of Chapter 196, Florida Statutes, and that the corporation has duly complied with the provisions of Chapter 196, Florida Statutes.

SIGNATURE: **Adolfo Arias**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Adolfo Arias
4/25/95