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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996 DIVISION OF CORPORATIONS 3n 60019681 DOCUMENT # 1. Concoration Name F. V. Arenas, Inc. Principal Place of Business Mailing Address 1972 CAROLINA AVENUE N.E. 1972 CAROLINA AVENUE N.E. ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703 3. Date incorporated or Qualified 3a. Date of Last Report 3/8/93 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3177369 Not Apolicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 23 Trust Fund Contribution Added to Fees Zio Country Ziο Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes 24 25 29 30 ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GIBBS, B. GRAY ESQ. Street Address (P.O. Box Number is Not Acceptable) 82 100 SECOND AVENUE SOUTH 83 **SUITE 704** ST. PETERSBURG FL 33701 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATI IRE Signature, typed or printed name of registered agent and bile if applicable INDTE: Registered Agent eigneture required when reinstating OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ☐ Addition DELETE 1. 1 TITLE Change TITLE ATKATZ, ARNIE 1.2 NAME NAME 1972 CAROLINA AVENUE N.E. STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33703 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2 1 TITLE Change ☐ Addition TITLE 2.2 NAME HALF STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 3. 1 TITLE TITLE 3.2 MARCO NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP C DELETE Change Addition 4 1 TITLE TITL F 4 2 NALES NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 5 1 TIDE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP 30000190514Brank/ Oxidition DELETE TITLE 6.1 TITLE -07/26/96--01008--004 NAME 6.2 NAME ***225.00 STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY - ST-ZIP CITY-ST-ZIP

1. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

7-17-96 813.525-1546