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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

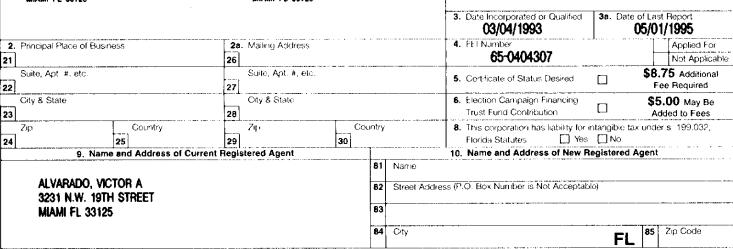
P93000017759 (0)

orporation Name	
ARPAICO INC.	

Principal Place of Business 3231 N.W. 19TH STREET MIAMI FL 33125

Mailing Address

3231 N.W. 19TH STREET MIAMI FL 33125



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

DATE Signature, typed or printed han elot registered agont and tite it applicable (NOTE: Figurer LAgent signat ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. PTD [ ] DELETE ☐ Change ☐ Addition 1 1 111 8 TITLE ALVARADO, ALCIDES D NAME 1.2 NAME 3231 N.W. 19TH STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33125** CITY - ST - ZIP 1.4 CHY - \$1 - ZIP VD. DELETE Change Addition TIFLE 2 1 TiTLE ALVARADO, VICTOR A 2.2 NAME NAME 3231 N.W. 19TH STREET 2.3 STREET ADDRESS STREET ADDRESS MIAM! FL 33125 2.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 3 : THILE ALVARADO, VILMA D 3.2 NAME 3231 N.W. 19TH STREET 3.3 STREE! ADDRESS STREET ADDRESS **MIAMI FL 33125** CITY - ST - ZIP 3 4 CITY - ST - ZIP □ DELETE 4 1 10115 ☐ Change Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - S.E.- ZIE CITY - ST-ZIP Change Addition DELETE 5 I THLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP DELETE Change ☐ Addition 6 1 TIFLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRÉSS 64 CITY - S! - ZIP

14. 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 eath; 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

**SIGNATURE:** 

NING OFFICER OR DIRECTOR

CR2E034 (12/95)