

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northum
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 29 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020017 (8)

1. Corporation Name

ARINCO INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/15/1993	3a. Date of Last Report 04/13/1994
4. FEI Number 65-0395266	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 190.002, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business 5020 TAMiami TRAIL N. SUITE 200 NAPLES FL 33940 US		Mailing Address 5020 TAMiami TRAIL N. SUITE 200 NAPLES FL 33940 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt., etc.	Suite, Apt., etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
		25	30

9. Name and Address of Current Registered Agent SIMS, STEVE 9960 PUOPOLO LANE BONITA SPRINGS FL 33923		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	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, 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.

SIGNATURE *Steve Sims* - OPERATIONS MGR. DATE 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M	1. TITLE	☐ Change ☐ Addition
NAME	AL MANSOUR, SAMI A.	12 NAME	
STREET ADDRESS	410 RIDGE POINT PLACE, SUITE 24	13 STREET ADDRESS	
CITY - ST - ZIP	GAITHERSBURG MD	14 CITY - ST - ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BOURESLI, RASHED SALEH	22 NAME	
STREET ADDRESS	5020 TAMiami TRAIL N., SUITE 200	23 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	24 CITY - ST - ZIP	
TITLE	BOURESLI	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - 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 110.07(3)(b), 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 oath; 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: RASHED S. BOURESLI *Steve Sims* 4/25/95 813-649-1375