

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000020017 (8)

1. Corporation Name

ARINCO INTERNATIONAL, INC.



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

3. Date Incorporated or Qualified
03/15/1993

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 68
Suite, Apt. #, etc.

26 P.O. Box 68
Suite, Apt. #, etc.

4. FEI Number
65-0395266

Applied For
Not Applicable

23 BONITA SPRINGS FL
City & State

28 BONITA SPRINGS FL
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 33959 25 USA
Zip Country

29 33959 30 USA
Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMS, STEVE
9960 PUOPOLO LANE
BONITA SPRINGS FL 33923

81 Name STEVE SIMS

82 Street Address (P.O. Box Number is Not Acceptable)

83 9964 PUOPOLO LANE

84 City BONITA SPRINGS FL 85 Zip Code 33923

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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

RASHED S. BOURESLI

(NOTE: Registered Agent signature required when reinstating)

1/17/96
DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME AL MANSOUR, SAMI A.
STREET ADDRESS 410 RIDGE POINT PLACE, SUITE 24
CITY-ST-ZIP GAITHERSBURG MD
PD ☐ DELETE

1.2 TITLE
NAME BOURESLI
STREET ADDRESS 5020 TAMiami TRAIL N., SUITE 200
CITY-ST-ZIP NAPLES FL ☐ DELETE

1.3 TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

1.4 TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

941-592-2339

Date

Daytime Phone #

CR2E034 (12/95)