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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P93000037394 (2)**

1. Corporation Name

ARCU PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~8200 N.W. 27 STREET~~ ~~112~~ ~~MIAMI FL 33122~~	~~8200 N.W. 27 STREET~~ ~~112~~ ~~MIAMI FL 33122~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/24/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 8530 N.W. 30 TERRACE	26 8530 NW. 30 TERRACE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA
Zip / Country 24 33122 25 SAME	Zip / Country 29 33122 30 SAME

4. FEI Number: 65-0421316 ☐ 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

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

9. Name and Address of Current Registered Agent

KATES, LESTER G
1647 S.W. 27 AVE.
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 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, 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 _____ DATE
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PSTD~~	1.1 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	ALBERTO BLANCO,	1.2 NAME	ALBERTO BLANCO	
STREET ADDRESS	~~8200 N.W. 27 STREET, STE. 112~~	1.3 STREET ADDRESS	8530 N.W. 30 TERRACE	
CITY-ST-ZIP	~~MIAMI FL 33122~~	1.4 CITY-ST-ZIP	MIAMI, FL 33122	
TITLE		2.1 TITLE	SECRETARY/TREASURER/DIR.	☐ Change ☒ Addition
NAME		2.2 NAME	GUSTAVO J GOMEZ	
STREET ADDRESS		2.3 STREET ADDRESS	8530 N.W. 30 TERRACE	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33122	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: _____ 4/6/95 (305) 591-0532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GUSTAVO J GOMEZ

0120004 CP