**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 # **P93000037394 (2)**

1. Corporation Name

**ARCU PROPERTY MANAGEMENT, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~8530 N.W. 30 TERRACE~~<br>~~112~~<br>~~MIAMI FL 33122~~<br>US | ~~8530 N.W. 30 TERRACE~~<br>~~112~~<br>~~MIAMI FL 33122~~<br>US |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 8550 N.W. 30 TERR | 26 8550 N.W. 30 TERR. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 MIAMI FLORIDA | 28 MIAMI FL |
| Zip 24 33122 / County 25 DADE | Zip 29 33122 / County 30 DADE |

3. Date Incorporated or Qualified: **05/24/1993**

3a. Date of Last Report: **04/11/1995**

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) 2655 Legeune Road, Suite 807

83

84 City Coral Gables FL 85 Zip Code 33134

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 Lester G Kates 3/14/96

Signature, typed or printed name of Registered Agent and Title, if applicable — NOTE: Registered Agent's Signature required for filing — DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PD | ☐ DELETE |
| NAME | BLANCO, ALBERTO | |
| STREET ADDRESS | ~~8530 N. W. 30 TERRACE~~ | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | STD | ☐ DELETE |
| NAME | GOMEZ, GUSTAVO J | |
| STREET ADDRESS | ~~8530 N. W. 30 TERRACE~~ | |
| CITY-ST-ZIP | ~~MIAMI FL~~ | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| 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 | 8550 N.W. 30 TERR | |
| 1.4 CITY-ST-ZIP | MIAMI, FL 33122 | |
| 2.1 TITLE | | ☒ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | 8550 N.W. 30 TERR. | |
| 2.4 CITY-ST-ZIP | MIAMI FL 33122 | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | 600001822596 | |
| 5.3 STREET ADDRESS | -05/15/96--01055--~~000~~ 026 | |
| 5.4 CITY-ST-ZIP | ***200.00 | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

JV 5.1

CR2E034 (12/95)

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:** [signature] GUSTAVO J GOMEZ 4/4/96 (305) 591-0775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #