

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthary Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000037394 (2)**
1. Corporation Name
ARCU PROPERTY MANAGEMENT, INC.



Principal Place of Business 8550 NW 30 TERR. MIAMI FL 33122 US	Mailing Address 8550 NW 30 TERR. MIAMI FL 33122 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9420 S.W. 20 STREET Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33145 Country 25 USA		2a. Mailing Address 26 P.O. BOX 523360 Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip 29 33152 Country 30 USA		3. Date Incorporated or Qualified 05/24/1993	4. FEI Number 65-0421316 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

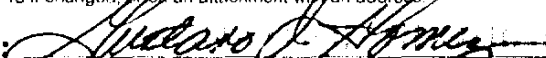
9. Name and Address of Current Registered Agent GUSTAVO, GOMEZ J 8550 NW 30 TERRAGE MIAMI FL 33122		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9420 S.W. 20 STREET 83 84 City MIAMI FL 85 Zip Code 33165	
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11. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, ALBERTO	1.2 NAME	
STREET ADDRESS	8550 NW 30 TERR.	1.3 STREET ADDRESS	9420 S.W. 20 STREET
CITY-ST-ZIP	MIAMI FL 33122	1.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, GUSTAVO J	2.2 NAME	
STREET ADDRESS	8550 NW 30 TERR.	2.3 STREET ADDRESS	9420 S.W. 20 STREET
CITY-ST-ZIP	MIAMI FL 33122	2.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 its 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: 

3/30/98

CR2E034 (10/97)