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

Mailing Address

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000040542 (1)

ARSA TRADING CORP.

Principal Place of Business

SIGNATURE:

8980 SW 122 PL #211 MIAMI FL 33186 US			8980 SW 122 PL #211 MIAMI FL 33186-4111 US				ate Incorporated	or Qualified	3a. Date of L		aport	
2. Principal Pl	lace of Busines	s ,	2a. Mailing Address				1 Number		1 00,20,1		plied For	
21 8240 NW 10 St			26 8240 MW	51	(65-0415760			Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Ce	5. Certificate of Status Desired See Required Fee Required					
City & State			City & State								May Be	
23 Miss.	Mi	FL	28 MinHi	F			ist Fund Contrib				o Fees	
Zip 24 33/2		.1	Zip 29 33/26	9 33126 30 USA			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☐ No 10. Name and Address of New Registered Agent					
		d Address of Curren	t Hegistered Agent	8	1 Name	···········	ime and Addres	s of New He	gistered Agent			
898	Lodner, art 0 SW 122 PL				82 Street Address (P.O. Box Number is Not Acceptable)							
	TE 201						40 NW 10 ST					
MIA	MI FL 33186			83 50			フ					
					4 City		ind rai FL 85 Zip Code 33/24					
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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent.												
SIGNATURE	Signature, typed or p	ported name of registered age	nt and title if applicable (NOT)	E: Registered /	o / O B	e required when rein	stating)	//	DATE	 .	·	
12.		OFFICERS AND	DIRECTORS	13.			DITIONS/CHANG	ES TO OFFIC			S IN 12	
TITLE	PSTD		☐ DELETE	11 TiTL	Ē	PSTL		,	⊠ cr	апде	Addition	
NAME COLODNER, ARTURO S							ner, Ar	turo S	5 , 0	1		
STREET ADDRESS		22 PL, SUITE 211		13 STRE	et address	8240		10 3	-	T e	7	
CITY-ST-ZIP	MIAMI FL				-ST-ZIP	MIAM	ii FL	33/,				
TITLE			☐ DELETE				*			range	Addition	
NAME				2.2 NAM					•			
STREET ADDRESS				1	ET ADDRESS				** **		grand ,	
CITY-ST-ZIP TITLE			DELETE	2 4 CIT	r-ST-ZIP	 		, , , , , , , , , , , , , , , , , , ,		nange	Addition	
NAME				3.2 NAM						milito		
STREET ADDRESS					ET ADDRESS							
CITY-S1-ZIP					(-ST-Z)P							
TITLE			☐ DELETE	4.1 TITE					☐ Ci	nange	☐ Addition	
NAME				4. 2 NAM						•		
STREET ADDRESS					ET ADDRESS							
CITY - ST - ZIP				4.4 CITY	-ST-ZIP							
TITLE			☐ DELETE	5.1 TITL	E			***************************************	☐ CI	nange	☐ Addition	
NAME				5.2 NAM	E							
STREET ADDRESS				5.3 STR	ET ADDRESS							
CITY - S1 - ZIP		A DE LEGAL AMENA MARIE MESTA CON CONTRACTOR OF THE PROPERTY OF		5.4 CITY	-ST-2IP							
TITLE			☐ DELETE	6.1 TiTL	E				□ Cr	ange	Addition	
NAME				6.2 NAN	Έ							
STREET ADDRESS				6.3 STR	et address							
CITY-ST-ZIP			de al alexandre de la companya de la		-ST-ZIP		440.0=15175	1				
informatio Lam an o	on indicated on efficer or directo	this annual report or s or of the corporation or	d with this filling does not quali supplemental annual report is to the receiver or trustee empow son an attachment with an add	rue and ac vered to ex	curate and	d that my signa	ature shall have t	the same lega	I effect as if ma	de uno	der oath; that	