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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P93000072020 (9)

**ARELCO CORPORATION** 

Principal Place of Business Mailing Address 3711 S.W. 106TH AVENUE 3711 S.W. 106TH AVENUE

## **FILED** Mar 25 1998 8:00am Secretary of State



| MIAMI FL 331   | 65   | MIAMI FL 33165  |                             |            | DO NOT WRITE IN THIS SPACE |  |             |         |         |            |
|----------------|--|---|-----------------------------|------------|----------------------------|--|-------------|---------|---------|------------|
|                |  |   |                             |            |                            | 3. Date Incorporated or Qualified  |             |         |         |            |
| •              |  |   |                             |            |                            | 10/18/1993   |             |         |         |            |
| 2. Principal P | lace of Business   | 2a. Mailing Address   | ·                           |            | ····                       | 4. FEI Number  |             |         | Ap      | olied For  |
| 21             |  | 26  |                             |            |                            | 65-0442778   |             |         | No      | Applicable |
| Suite, Apt.    |  | Suite, Apt. #, etc.   |                             |            |                            | 5. Certificate of Status Desired See Required Fee Required                     |             |         |         |            |
| City & State   | 0  | City & State  |                             |            |                            | Election Campaign Financing Trust Fund Contribution                            |             |         |         | May Be     |
| Zip            | Country  | Zip   | Counti                      | ry         |                            | 8. This corporation owes or has pa   | aid the cur | rent ye | ar Inta | ngible     |
| 24             | 25   |   | 30                          |            |                            | Personal Property Tax due June   |             | Yes     |         | No         |
|                | 9. Name and Address of Currer  | nt Registered Agent   |                             |            |                            | 10. Name and Address of New Re   | gistered    | Agent   |         |            |
| RO             | DRIGUEZ, ARTURO  |   | 8                           | 1 N        | ame                        |  |             |         |         |            |
| 371            | I1 S.W. 106TH AVENUE   |   | 8:                          | 2 St       | reet Addre                 | ess (P.O. Box Number is Not Acceptal   | ole)        |         |         |            |
| MLA            | VMI FL 33165   |   | ļ                           |            | 77                         | `  |             |         |         |            |
|                |  |   | 8:                          | 3          |                            |  |             |         |         |            |
|                |  |   | 84                          | 4 Ci       | itv                        |  |             | 85      | Zip C   | ode        |
|                |  |   | i i                         | '          | •                          |  | FL          | . 1 1   | -       |            |
|                | egistered agent, or both, in the State<br>m familiar with, and accept the obliga | of Florida Such change was a<br>ations of Section 607,0505, Flo | uthorized b<br>rida Statute | by the     | corporation                | oration submits this statement for the pon's board of directors. I hereby acce | pt the app  | ointme  | nt as r | egistered  |
| SIGNATURE      | Signature, typed or printed name of registered ago                               | ont and title if applicable (NOTE                               | : Registered A              | gent sig   | nature require             | d when reinstating)  | DATE        |         |         |            |
| 12.            | OFFICERS AN  |   | 13.                         |            | <u> </u>                   | ADDITIONS/CHANGES TO OFFIC   | CERS AND    | DIREC   | CTOR    | S IN 12    |
| TITLE          | Р  | DELETE  | 1.1 TITLE                   |            |                            |  |             | Chi     | inge    | Addition   |
| NAME           | RODRIGUEZ, ARTURO  |   | 1.2 NAME                    | :          |                            |  |             |         |         |            |
| STREET ADDRESS | 3711 S.W. 106TH AVENUE   |   | 1.3 STREE                   | ET ADDE    | RESS                       |  |             |         |         |            |
| CITY-ST-ZIP    | MIAMI FL 33165   |   | 1.4 CITY-                   | ST-ZIF     | ·                          |  |             |         |         |            |
| TITLE          | S  | ☐ DELETE  | 21 TITLE                    |            |                            |  |             | Cha     | ange    | Addition   |
| NAME           | LLERENA, LEONOR F  |   | 2.2 NAME                    |            |                            |  |             |         |         |            |
| STREET ADDRESS | 3711 S.W. 106TH AVE.   |   | 2.3 STALE                   | ET ADDF    | RESS                       |  |             |         |         |            |
| CITY-ST-ZIP    | MIAM! FL 33165   |   | 2. 4 CITY                   | - ST - ZII | P                          |  |             |         |         |            |
| TITLE          | V  | ☐ DEL€TE  | 3.1 T∤TLE                   |            |                            |  |             | ☐ Cha   | ange    | Addition   |
| NAME           | ALUME, FRANCISCO J.  |   | 3.2 NAME                    |            |                            |  |             |         |         |            |
| STREET ADORESS | 20143 NW 42 CT   |   | 33STREE                     | T ADDF     | RESS                       |  |             |         |         |            |
| CITY-ST-ZIP    | CAROL CITY FL  |   | 3.4. CITY-                  | - ST- ZII  | >                          |  |             |         |         |            |
| TITLE          |  | DELFTE  | 4.1 TITLE                   |            | i                          |  |             | Cha     | inge    | Addition   |
| NAME           |  |   | 4. 2 NAMI                   | Ε          |                            |  |             |         |         |            |
| STREET ADDRESS |  |   | 4.3 STREE                   | T ADDF     | RESS                       |  |             |         |         |            |
| CITY-ST-ZIP    |  |   | 4.4 CITY-                   |            | ·   _                      |  |             |         |         |            |
| TITLE          |  | ☐ DELETE  | 5.1 TITLE                   |            |                            |  |             | ☐ Cha   | inge    | Addition   |
| NAME           |  |   | 5.2 NAME                    |            |                            |  |             |         |         |            |
| STREET ADDRESS |  |   | 5.3 STREE                   | T ADDR     | RESS                       |  |             |         |         |            |
| CITY-ST-ZIP    |  |   | 5.4 CITY -                  | ST-ZIP     |                            |  |             |         |         |            |
| TITLE          |  | ☐ DELETE  | 6.1 TITLE                   |            |                            | · · · · · · · · · · · · · · · · · · ·  |             | ☐ Cha   | nge _   | Addition   |
| NAME           |  |   | 6.2 NAME                    |            |                            |  |             |         |         |            |
| STREET ADDRESS |  |   | 6.3 STREE                   | T ADDR     | RESS                       |  |             |         |         |            |
| CITY-ST-ZIP    |  |   | 64 CITY-                    | ST-ZIP     |                            |  |             |         |         |            |

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 suppliemental 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.

ARTURO RODRIGUEZ

3-19-98 (305) 274-3381