PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000072020 1. Corporation Name

ARELCO CORPORATION

Principal Place of Business

Mailing Address

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90003 036 ***150.00



3711 S.W. 106TH AVENUE 3711 S.W. 106TH AVENUE MIAMI FL 33165 MIAMI FL 33165								
MIAMI FL 33165		MIMMI FL 33103			DO NOT WRITE IN THIS S	PACE		
					3. Date Incorporated or Qualifed			
					10/18/1993			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	$\neg \Box \prime$	Applied For	
1		26			65-0442778	'	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Certificate of Status Desired S8.75 Additional Fee Required		
City & State	9	City & State			6. Election Campaign Financing	\$5.0	O May Be	
:3		28			Trust Fund Contribution			
Zip Country		Zip			8. This corporation owes the current year Intangible			
24	25	29 30	30		Personal Property Tax. Yes XNo			
	9. Name and Address of Current	Registered Agent		=	10. Name and Address of New Registered A	gent		
200	DIOUEZ ADTUDO			B1 Name				
	RIGUEZ, ARTURO		ŀ	82 Street A	ddress (P.O. Box Number is Not Acceptable)			
	S.W. 106TH AVENUE		L					
MAIM	/il FL 33165			83				
			-	84 City	. FL	85 Zi	p Code	
		4 COT 4500 Florida Chabitan	4ba ab		· · · · · · · · · · · · · · · · · · ·	hanging	its registered	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	onzea	by the corpor	orporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoint	ment as	registered	
SIGNATURE					DATE			
	Signature, typed or printed name of registered agent			igent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12	
12.	OFFICERS AND DIRECTORS P □ DELETE		13.		ADDITIONS/CHANGES TO OFFICERS AND	Change		
TITLE	·	OLLETE		1				
NAME			1.2 NAM					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			1.4 CIT	Y-ST-ZIP		Change	e Addition	
TITLE			2.7 NAM				_	
NAME	LLERENA, LEONOR F			ſ				
STREET ADDRESS (S .		l .	EET ADDRESS			-	
CITY-ST-ZIP			2.4 Cfl	Y-ST-ZIP		Chang	e 🔲 Addition	
TITLE	~ 1							
NAME	/Lone, francisco		3.2 NA					
STREET ADDRESS				REET ADDRESS	* * * * * * * * * * * * * * * * * * * *			
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP		Chang	e	
TITLE		□ occeir	4.1 III					
NAME					•			
STREET ADDRESS	and the second			REET ADDRESS			[
CITY-ST-ZIP	·	□ DELETE	5.1 TIT	Y-ST-ZIP	<u> </u>	Chang	e Addition	
TITLE	•		5.1 111				_	
NAME				REET ADDRESS				
STREET ADDRESS				Y-ST-ZIP				
CITY-ST-ZIP	<u> </u>	DELETE	6.1 TITI			Chang	e	
TITLE	- 7	- OCLLIC	6.2 NA	1				
NAME				REET ADDRESS				
STREET ADDRESS				1				
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP		r 4h -4 4h	a information	

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 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, opfor an attachment with an address, with all other like empowered.

(305) 274-3381