

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14 1997 8:00am
Secretary of State

DOCUMENT # **P93000082760 (8)**

1. Corporation Name:
ARCRIA CORP.



Principal Place of Business:
**14424 BISCAYNE BLVD
N MIAMI BEACH FL 33181**

Mailing Address:
**14424 BISCAYNE BLVD
N MIAMI BEACH FL 33181-1208**

3. Date Incorporated or Qualified: **12/03/1993**
3a. Date of Last Report: **04/29/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0454225

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GABLE, MICHAEL P
4000 HOLLYWOOD BLVD
SUITE 485
HOLLYWOOD FL 33021**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **DP** ☐ DELETE
NAME: **FILOSA, ANDRE**
STREET ADDRESS: **1665 NE 115 STREET, APT B9**
CITY-ST-ZIP: **N MIAMI FL**

11 TITLE: ☐ Change ☐ Addition

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12 NAME: ☐ Change ☐ Addition

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13 STREET ADDRESS: ☐ Change ☐ Addition

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

14 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

21 TITLE: ☐ Change ☐ Addition

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

22 NAME: ☐ Change ☐ Addition

23 STREET ADDRESS:
24 CITY-ST-ZIP:

25 CITY-ST-ZIP:
26 CITY-ST-ZIP:

14. I do 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 or on an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

ANDRE FILOSA, PRES. X 03 26 97 305/919-9962

CR2E034 (9/96)