FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400032029 (8)

ARLEISA, INC.

FILED May 05 1997 8:00am Secretary of State



Principal Place of Business 1201 SW 6TH ST MIAMI FL 23135		Mailing Address 1201 SW 6TH ST MIAMI FL 33135-4003					
					3. Date Incorporated or Qualified 04/25/1994		e of Last Report 1/1996
2. Principal P	lace of Business	2a. Mailing Address	3		4. FEI Number 65-0507899		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	g.		5. Certificate of Status Desired		\$8.75 Additional
22 City & Stat		27				L	Fee Required
 -	е	City & State			6. Election Campaign Financing	LJ	\$5.00 May Be
Zip	Country	28 Zip	Cou	untry	Trust Fund Contribution	L.J	Added to Fees
24	25	29	30	,	 This corporation has liability for Florida Statutes 	* -	ax under s. 199.032, No
	9. Name and Address of Curre				10. Name and Address of New F		
	AS, ADOLFO			81 Name			
1201 SW 8TH ST				82 Street A	Address (P.O. Box Number is Not Accept	able)	
MIA	MI FL 33135						·
				83			
				84 City			85 Zip Code
dd Dynasia-'	to the provisions of Castiana COT CO	20 4 007 44 00 51 11	Out the state of		corporation submits this statement for the	<u>FL</u>	
office or r	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change	was authorize	d by the corp	oration's board of directors. I hereby acc	ept the appo	inlment as registered
	Signature, typed or printed name of registered ag			d Agent signature r	required when reinstating)	DATE	
12.	OH-ICEHS AN	ID DIRECTORS DELET	13. E 1,1 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDITIONS/CHANGES TO OFF		DIRECTORS IN 12 Change Addition
NAME	FERRADAZ, LEONEL JR		1.1 II	ì		L	
STREET ADDRESS	% 1201 SW 8TH ST		l	TREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33135		- 6	ITY - ST - ZIP			
TITLE	DVS	DELET					Change Addition
NAME	GARCIA, ISABEL		2.2 N	AME			· ·
STREET ADDRESS	% 1201 SW 8TH ST		2.3 \$1	TREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33135			CITY-ST-ZIP			
TITLE	DT	☐ DELET	E 3.1 TI	ITLF		Ţ	Change Addition
NAME	ARIAS, ADOLFO		3.2 N	AME			
STREET ADDRESS	% 1201 SW 8TH ST		3.3 \$1	TREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33135	☐ DELET		CITY-ST-ZIP			
TITLE NAME		LI Utilti		i		L	Change Addition
			4.2 N	į.			
STREET ADDRESS CITY-ST-ZIP				TREET ADDRESS			
TITLE		DELET		ITY-ST-ZIP		Ī	Change Addition
NAME			5.2 N				*** *BA FT STREET
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP			
TITLE		☐ DELET			***************************************		Change Addition
NAME			6.2 N/	AME			
STREET ADDRESS			6.3 \$1	TREFT ADDRESS			
CITY-ST-ZIP			6.4 CI	ITY-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 it changed, or on an attact ment with an address.