

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000032029

1. Corporation Name
ARLEISA, INC.

Principal Place of Business

1201 SW 8TH ST
MIAMI FL 33135

Mailing Address

1201 SW 8TH ST
MIAMI FL 33135

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

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Zip

Country

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2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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3. Name and Address of Current Registered Agent

ARIAS, ADOLFO
1201 SW 8TH ST
MIAMI FL 33135

81 Name

82 Street Address (P.O. Box Numbers 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, subjects 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 or officer or director

Date, typed or printed name of registered agent or officer or director

Date

12. OFFICERS AND DIRECTORS

12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE

16 NAME

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33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

3000002836579-0

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99

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