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 # P94000060535 1. Corporation Name

ARRETOA CORD

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90036 048 ***158.75

Principal Place 1720 SW 30TH MIAMI FL 3314	e of Business AVENUE	Mailing Address 1720 SW 30TH AVENUE MIAMI FL 33145		DO NOT WRITE IN TH	
		19-14-16-11		08/17/1994 4. FEI Number	. Applied For
─ ¬ `	lace of Business	2a. Mailing Address 8	AUF		Applied For Not Applicable
Suite, Apt.	# etc	26 45 5 6 8 Suite, Apt. #, etc.		65-0528211	\$8.75 Additional
22	π, οι σ .	27		5. Certifcate of Status Desired	Fee Required
City & Stat	e	City & State	=1.	6. Election Campaign Financing	\$5.00 May Be
23		28 MIAMI T	=1~	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 33 130	30 DADE	Personal Property Tax.	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registers	d Agent
			81 Name	•	• .
	IZALEZ, FRANCISCO D		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	SW 30TH AVENUE				
MIAI	MI FL 33145		83		•
			84 City		85 Zip Code
				orporation submits this statement for the purpose	L
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature red	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, FRANCISCO D		1.2 NAME	•	•
STREET ADDRESS	1720 SW 30TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33145		14 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		Change Addition
NAME	GONZALEZ, MARIA A		2.2 NAME		
STREET ADDRESS	1720 SW 30TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33145		2.4 CITY-ST-ZIP	<u> </u>	
TITLE		☐ DELETE	3.1 TITLE	•	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		□ pereze	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE	•	□ cuende □ vaquion
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		□ VELETE	5.1 TITLE 5.2 NAME	•	
NAME			5.3 STREET ADDRESS		
STREET ADDRESS	•		54 CITY-ST-ZIP		-
CITY-ST-ZIP		DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		_ bccc,c	6.2 NAME		- ·
NAME			6.3 STREET ADDRESS		
STREET ADDRESS	[6.4 CITY-ST-ZIP	•	

14. 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NING OFFICER OF DIRECTOR