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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400061708 (1)

FILED May 14 1997 8:00am Secretary of State

| 1. Corporation Name ARZA IMPORT-EXPORT CORPORATION Principal Place of Business 6820 PONDAPPLE ROAD BOCA RATON FL 33433 BOCA RATON FL 33433-1829 | | | | | | | | |
|--|--|-------------------------------------|--|--|--|-----------------|-----------------------|--|
| | | | | | Date Incorporated or Qualified 08/22/1994 | | e of Last R 1/1996 | eport |
| 2. Principa! F | lace of Business | 2a. Mailing Address | , | | 4. FEI Number | | | plied For |
| 21 | | 26 | ··· | | 65-0584705 | | | ol Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 / Fee Re | |
| City & Stat | le | City & State | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution | | Added t | |
| Z(p =11 | Country | Zip | Count | try | 8. This corporation has liability for | r intangible to | | . 199.032, |
| 24 | 25 Name and Address of Currer | 29 Agent | [30] | | Florida Statutes 10. Name and Address of New F | | | |
| | ABOGLOU, ARGY | III hegistered Agent | | 1 Name | 10. Halle and process of flow ? | IODISTOROU A | No. 11 | · |
| | O PONDAPPLE ROAD | • | _ ا | | | | | |
| – | CA RATON FL 33433 | | 8 | Street Add | dress (P.O. Box Number is Not Accepti | able) | | |
| | | | | 3 | | | | |
| | | | ١. | 4 City | | | les Zin | Codo |
| | | | | 1 | | FL | ! | Code |
| agent. La | am familiar with, and accept the oblig | gations of, Section 607.0505, F | -lorida Statut | es. | poration submits this statement for the ation's board of directors. I hereby acc | | | |
| SIGNATURE | Signature, typed or printed name of registered ag | ent and little if applicable (NC | | | uired when reinstating) | DATE | | |
| 12. | | ID DIRECTORS | OTE Registered / | Agent signature requ | | ICERS AND | | |
| 12. Title | OFFICERS AN | | 13. | Agent signature requ | ured when reinstating) | ICERS AND | DIRECTOR Change | |
| 12. TITLE NAME | OFFICERS AN ARABOGLOU, ARGY | ID DIRECTORS | 13. 1.1 Titl. | Agent signature requ E | ured when reinstating) | ICERS AND | | |
| STREET ADDRESS | P ARABOGLOU, ARGY 6620 PONDAPPLE RD | ID DIRECTORS | 13. 1.1 T/TL 1.2 NAM 1.3 STR | Agent signature requires | ured when reinstating) | ICERS AND | | |
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4. I do hereby certify that the information supplied with this filling 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 131(changed, or on an exactment with an address.

SIGNATURE:

MANY OF PRINTED NAME OF BIGHING OFFICER OF DIRECTOR

CY ARABOGLAY 4/28/97 482-6063