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PROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | P94000063118 | (1) |
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| AREQUIPSA CORP.  Principa' Place of Business  7715 NW. 56TH STREET MIAMI FL 33166  |  |   |                         | Mailing Address<br>7715 NW. 56TH STREET<br>MIAMI FL 33166<br>US  |  |  |  |   |                         |                        |  |
|--|--|---|-------------------------|--|--|--|--|---|-------------------------|------------------------|--|
| MIAMI FL 33166<br>US   |  |   |                         |  |  |  | 3. Date Incorporated or Qualified  | 1   | 3a. Date of Last Report |                        |  |
|  |  |   |                         |  |  |  |  | 08/19/1994<br>4. FEI Number   |                         | )5/01/1 <u>99</u>      | pplied For                                   |
| Principal Place o  | of Business                                    |   |                         | . Mailing Address  |  |  |  | 65-0518675  |                         |                        | ot Applicable                                |
| Suite, Apt. #, et  |  |   | 26                      | Suite, Apt. #, etc   |  |  |  | Certificate of Status Desired   |                         | \$8.75                 | Additional                                   |
| Suite, Apt. #, et  | 10.  |   | 27                      |  |  |  |  | 5. Certificate of Status Desired  |                         | Fee F                  | equired                                      |
| City & State   |  |   |                         | City & State   |  |  |  | 6. Election Campaign Financing  |                         |                        | May Be                                       |
| ]  |  |   | 28                      |  |  |  |  | 1 Trust Fund Contribution  8. This corporation has liability for  | -                       |                        | to Fees                                      |
| Zip  |  | Country   | 1::::                   | Zip<br>I   | 30   | ountry   |  |   | intangibie<br>No        | tax under s            | 199.032,                                     |
| L  | 25   | d Address of Currer   | 29                      | stered Agent   | 130  |  |  | 10. Name and Address of New I   | _                       | Agent                  |  |
| 9  | , Name Br                                      | IN Address of Cullet  | ir iicžķ                | Orgica Happin  | ,  | 81 1   | Name   |   | <u></u>                 |                        |  |
| DADVED O   | N AVTON  | <b>=</b>  |                         |  |  | 82 5   | Street Andre   | ess (P.O. Box Number is Not Acceptal  | ble)                    |                        |  |
| PARKER, C  | LATIUN I                                       | e<br>Ne Blvd. Ste. 200  | 10                      |  |  | 02   |  | COO p 10. DON 10. DON 10. TOTAL   | ·                       |                        |  |
| MIAMI FL 3   |  | TE DETEN OIL. ZOU   | ,,,                     |  |  | 83   |  |   |                         |                        |  |
| MICANI I L V   | ~101   |   |                         |  |  | 84   | City   | 100 prop - |                         | <b>85</b> Zip          | Code   |
|  |  |   |                         |  |  | 1 1  | •  | ration submits this statement for the pure  | F                       |                        |  |
| SIGNATURE  | and accept                                     | the obligations of, Soc   |                         | 7.0005, Florida 3ta  | (NOTE Register   |  | signature recurs   | d when reins 20 ng  | DATE                    | ID DIDECTO             | DS IN 12                                     |
| familiar with, a<br>⊇GNATHB€   | and accept                                     | the obligations of, Sec   | it and the              | 7.0505, Florida Sta<br>if anythable:<br>:CTORS   | [NOTE Register   | 3.   | ignature recurs  | d whiten relinsating<br>ADDITIONS/CHANGES TO OF   |                         |                        |  |
| familiar with, a   | and accept                                     | the obligations of, Socialistic name of registered eight                                | it and the              | if applicable.   | NOTE Register 13   | 3.<br>1 TiTLE  | ignature fecure  | ADDITIONS/CHANGES TO OF   |                         | ND DIRECTO             |  |
| familiar with, a SIGNATURE Styri  12.  ITTLE NAME  | end accept  enture, typed or  PT  JOHN PH      | the obligations of, Socional of regularist special of FICERS AN                         | it and tife<br>ND DIFFE | 7.0505, Florida Sta<br>if anythable:<br>:CTORS   | [NOTE Register   13  | 3.   |  | ADDITIONS/CHANGES TO OF  CLEMENTS, JOHN 1604 PENNSYLVANIA   | FICERS AN               |                        |  |
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| familiar with, a Signature Sign  12.  ITLE NAME STREET ADDRESS DITY-ST-ZIP ITILE   | PT<br>JOHN PH<br>7845 NW<br>MIAMI FL<br>VS     | OFFICERS AN  ILLIP CLEMENTS  57TH STREET, SU  | it and this<br>ND DIFFE | Florida State Fl | (NOTE Segretaria)  13  13  14  2. 23   | 3.<br>1 TITLE<br>2 NAME<br>3 STREFT AI<br>4 CITY-ST-<br>1 TITLE<br>2 NAME  | DDHESS<br>- ZIF  | CLEMENTS, JOHN 1604 PENNSYLVANIA MIAMI BEACH, FL 33 CLEMENTS, WILLIAM   | FICERS AN               | Change                 | Addition                                     |
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