FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** P9400068124 (4)

FILED Mar 31 1998 8:00am Secretary of State

ARI CC	ONSTRUCTION, INC.	3000124 (4)			1810 AUDI 1810 1800 1814 AUDI 1881
Principal Plac	e of Business	Mailing Address		I CODESCOL FOR SUSPIN OLDSAN ODSAN ODSAN ODSAN ODSAN O	1011, 3101 (0131 (1010 (1011 (11 01 100)
7050 NW 42 STREET 7050 NW 42 STREET MIAMI FL 33166 MIAMI FL 33166			DO NOT WRITE IN	THIS SPACE	
				3. Date Incorporated or Qualified 09/13/1994	
	Place of Business 5 S.W. 128 TH COURT	26. Mailing Address	128 m Courer	4. FEI Number 65-0524545	Applied For Not Applicable
Suite, Apt.	/ /	Suite, Apt. #, etc.	 		\$8.75 Additional Fee Required
City & Stat	66	City & State		6. Election Campaign Financing	\$5.00 May Be
23 MIAA		28 Minni, te.	,	Trust Fund Contribution	Added to Fees
Zip 33%	SG Country 25 USA	29 33/86 3	Country 10	This corporation owes or has paid to Personal Property Tax due June 30	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Regis	tered Agent
13	NGER, DAVID H 320 SW 128 STREET AMI FL 33186		63	ress (P.O. Box Number is Not Acceptable)	
			84 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obliga	? and 607.1508, Florida Statutes of Florida. Such change was au	i, the above-named corp thorized by the corporat	poration submits this statement for the purp	cose of changing its registered he appointment as registered
agent. I a SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered ager	nt and little if applicable. (NOTE: I	Registered Agent signature requir	red when reinstaling)	DATE
-		nt and little if applicable. (NOTE: I			DATE
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AND D ARECHAGA, FRANCISCO J	nt and little if applicable. (NOTE: I	Repistered Agent signature require	red when reinstaling)	DATE IS AND DIRECTORS IN 12
SIGNATURE 12. THE	Signature, typed or printed name of registered ager OFFICERS AND D ARECHAGA, FRANCISCO J 7050 NW 42 STREET	nt and little if applicable. (NOTE: I	Registered Agent signature require 13.	red when reinstaling)	DATE IS AND DIRECTORS IN 12
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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.

SIGNATURE:

FJ ARICHAGA

3/27/98 305-656-0419