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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400068250 (7)

ARCE ENTERPRISES, INC.

FILED Mar 17 1997 8:00am Secretary of State



Principal Place of Business Mailing Address										
18265 OLD CHANEY 18265 OLD CHANEY ORLANDO FL 32620 ORLANDO FL 32620-2652										
UNIDARUU PL	geocy	CHEMING TE GEORGE	OTENINGO TE SEDEVACIE			3. Date Incorporated or Qualified				
2. Principal I	Yace of Business	2a. Mailing Address				4. FEI Number	1 00/0		oplied For	
1		26	₽·1			59-3264821			ot Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.	27			5. Certificate of Status Desired S8.75 Additional Fee Required				
Oity & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Ζφ L	Country 25	Zip 29	Cour 30	ntry	~~		Yes 🗌	No	. 199.032,	
	9. Name and Address of Curr	ent Registered Agent		T		10. Name and Address of New Re	gistered A	jent		
	CE, MIGUEL		[,	81	Name					
18285 OLD CHANEY ORLANDO FL 32820			1	82	Street Add	dress (P.O. Box Number is Not Acceptable)				
ORI		-	63							
			L	84	City			85 Zip	Code	
			i		•	poration submits this statement for the p tion's board of directors. I hereby acce	FL			
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS DELETE	13.	ı F	r	ADDITIONS/CHANGES TO OFFIC			RS IN 12	
TOLE	DP	L_J DELETE	1.1 101				Ĺ	Change	Addition	
NAME STREET AUDRESS	ARCE, MIGUEL 18285 OLD CHANEY		1.2 NA/ 1.3 STE		ADDRESS	·				
DHY-SI-ZP	ORLANDO FL 32820		1.4 CIT							
OTLF	DS	DELETÉ	2.1 TIT			-	I	Change	Additio	
NAME	ARCE, ANABELLA		2.2 NA	ME						
STREET ADDRESS	18285 OLD CHANEY		- 1		ADDRESS					
CITY - ST- ZIP TITLE	ORLANDO FL 32820	DELETE	2. 4 Cf	_	ST - 71P	i i i i i i i i i i i i i i i i i i i	 -	Change	Additio	
NAMÉ	ARCE, MIGUEL	LL PECIE	3.2 NA				•		<u></u>	
STREET ADDRESS	18285 OLD CHANEY		3.3 \$ 11	REET	ADDRESS					
C-FY - ST - ZIP	ORLANDO FL 32820		34 CF	TY - 5	ST-ZIP				·	
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NAM:			4.2 NA							
STREEL ADEPOS					ADDRESS					
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NAME			5.2 NA		Į					
STREET ACORESS			5 3 STI	reet	ADDRESS					
City SI-Zie			5 4 CIT		T-ZIP					
TITLE		DELETE	6.1 TIT				l	Change	Additio	
NA!#			6.2 NA			•				
STREET ADORESS					ADDRESS					
CITY - \$1 - ZIF	1		64 CI	TY-S	ST-ZIP					

14. I do 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.

SIGNATURE:

SUMMED TO THE THE PROPERTY OF THE PROPERTY OF

03-12-97

VV4-S6Y-63 \\
Daytime Phone ₹