

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

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**May 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000070561 (3)**  
1. Corporation Name  
**ARENCO, INC.**



Principal Place of Business: 9746 NW 4TH LANE NO. 507 MIAMI FL 33172 US  
Mailing Address: 9746 NW 4TH LANE NO. 507 MIAMI FL 33172-4002 US

3. Date Incorporated or Qualified: 09/23/1994  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 65-0526738  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 9746 NW 4th LANE, Suite, Apt. #, etc. 22 -----  
City & State: 23 MIAMI, FLORIDA, Zip 24 33172, Country 25 US  
2a. Mailing Address: 26 9746 NW 4th LANE, Suite, Apt. #, etc. 27 -----  
City & State: 28 MIAMI, FLORIDA, Zip 29 33172, Country 30 US

9. Name and Address of Current Registered Agent: POSADA, MARIA T, 9746 NW 4TH LANE NO. 507 MIAMI FL 33172

10. Name and Address of New Registered Agent: 81 Name: POSADA, MARIA T., 82 Street Address (P.O. Box Number is Not Acceptable): 9746 NW 4th LANE, 83 -----, 84 City: MIAMI, FL, 85 Zip Code: 33172

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D POSADA, OSCAR A	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9746 NW 4TH LANE	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D POSADA, MARIA T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9746 NW 4TH LANE	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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)(r), 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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

4-25-97

CR2E034 (9/96)