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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORENDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000074011 (5)
1. Corporation Name
ARS ENTERPRISES, INC.

Principal Place of Business Mailing Address
14085 NE 16TH AVE 14085 NE 16TH AVE
MIAMI FL 33161 MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		10/07/1994	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
				65-0538448	Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
25. Country		30. Country		7. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEO, SONY 14085 NE 16TH AVE MIAMI FL 33161				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ (Signature) _____ (Typed Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEO, SONY	12. NAME	DP
STREET ADDRESS	14085 NE 16TH AVE	13. STREET ADDRESS	LEO, SONY
CITY - ST - ZIP	MIAMI FL 33161	14. CITY - ST - ZIP	14085 N.E. 16TH AVE
TITLE	DS	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESRAMEAUX, RENE	22. NAME	DVT
STREET ADDRESS	541 NE 126TH ST	23. STREET ADDRESS	DESRAMEAUX, RENE F.
CITY - ST - ZIP	MIAMI FL 33161	24. CITY - ST - ZIP	541 N.E. 126TH ST
TITLE	DVT	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTHE, ARTHUR	32. NAME	
STREET ADDRESS	15800 NE 15TH CT	33. STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33162	34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if such officer really had an office or duty in this corporation or the officer or holder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 4/18/95 (SON) 892-8040
SONY LEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR