FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # **P94000076887 (6)**

1. Corporation Name

ARISSA SOUTH, INC.

Principal Place of Business	Mailing Address
12794 W. FOREST HILL BLVD. SUITE 34 W PALM BEACH FL 33414	12794 W. FOREST HILL BLVD. SUITE 34 W PALM BEACH FL 33414

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **10/17/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0541013** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

JOHNSON, ROBERT E
12794 FOREST HILL BLVD
STE 34
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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] PRESIDENT Robert E. Johnson 3/29/96
(If agent) (Typed or Printed Name of Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD		☐ DELETE
NAME	JOHNSON, ROBERT E		
STREET ADDRESS	12794 W. FOREST HILL BLVD. #34		
CITY-ST-ZIP	W PALM BEACH FL		
TITLE	T	2.1 TITLE: T	☑ DELETE
NAME	WHYMAN, ROGER A	2.2 NAME: CLIN M. HILL	☑ Change ☑ Addition
STREET ADDRESS	63 UPPER SHAD RD	2.3 STREET ADDRESS: 17632 FIELDBROOK CIR N	
CITY-ST-ZIP	POUND RIDGE NY	2.4 CITY-ST-ZIP: BOCA RATON, FL 33496	
TITLE	VP	3.1 TITLE: VP	☑ DELETE
NAME	SISCA, CHARLES	3.2 NAME: DAVID M. HOWELL	☑ Change ☑ Addition
STREET ADDRESS	1235 FALL VIEW WAY	3.3 STREET ADDRESS: 2501 NE 135TH ST	
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP: NORTH MIAMI, FL 33161	
TITLE		4.1 TITLE	☐ DELETE
NAME		4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ DELETE
NAME		5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ DELETE
NAME		6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: [signature] PRESIDENT Robert E. Johnson 3/29/96 (407) 790-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #