

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000020049 (9)

1. Corporation Name
ARYAN, INC.



Principal Place of Business

199 NW 20TH STREET
MIAMI FL 33127

Mailing Address

199 NW 20TH STREET
MIAMI FL 33127

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/13/1995

3a. Date of Last Report

4. FEI Number

65-0673546

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

PASTRANA, MARIA C
199 NW 20TH STREET
MIAMI FL 33127

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, 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 of the person who is the registered agent and the change agent.

Signature of the person who is the registered agent and the change agent.

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PVST
PASTRANA, MARIA C
199 NW 20TH STREET
MIAMI FL 33127

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
PASTRANA, MARIA C
199 NW 20TH STREET
MIAMI FL 33127

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE 12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS

14 CITY-ST-ZIP ☐ Change ☐ Addition

2. TITLE 22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS

24 CITY-ST-ZIP ☐ Change ☐ Addition

3. TITLE 32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS

34 CITY-ST-ZIP ☐ Change ☐ Addition

4. TITLE 42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS

44 CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE 52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS

54 CITY-ST-ZIP ☐ Change ☐ Addition

6. TITLE 62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS

64 CITY-ST-ZIP

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-05/20/96--01046--041
***200.00

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 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: *Maria C. Pastrana*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/29/96

305-576-3099

CR2E034 (12/95)