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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT** # 1. Corporation Name

NT # P95000020049 (9)

## FILED May 06 1998 8:00am Secretary of State

1. Corporatio		•	•							
ARYA	N, INC.					A ARRIVAGO ANA PRINCI BURA ARANA MANA RANA	II <b>40110</b> II <b>41</b> 11 T	etan <b>ac</b> amar	<b>81810 1811 (38)</b>	
Principal Plac	ce <b>of</b> Business	Maiting Address				- I INTIIOTA 118 (CID) OIDII BOIIL DAIN ODN	I	) III	11848 4811 4001	
199 NW 20TH STREET 199 NW 20TH STR MIAMI FL 33127 MIAMI FL 33127			ſ							
MIAMITES	33127	MIAMI PL 33127				DO NOT WRITE IN	THIS SPA	CE		
						3. Date Incorporated or Qualified				7
9 Principal 6	Place of Business	2a. Mailing Address				03/13/1995 4. FEI Number		T T4		4
21 Principal r	-iace or pusitioss	26. Walling Address				65-0573546		Applied For Not Applicable		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				1	<b>\$</b>		Additional	1
22		27				b. Cermicate of Status Desired		Fee R	equired	
City & Star	te	City & State				6. Election Campaign Financing \$5.00 May Be				ſ
<b>23</b> Ζίρ	Country	Zip Country				Trust Fund Contribution  8. This corporation owes or has paid	the current	~	to Fees	-
24	25	29	30	,		Personal Property Tax due June 30	-		No	١
	9. Name and Address of Curre	nt Registered Agent	1 1			10. Name and Address of New Regis	stered Age	nt		1
	PASTRANA, MARIA C			81	Name					
199 NW 20TH STREET				82	Street Addir	ess (P.O. Box Number is Not Acceptable)	)			7
ļ N	MAMI FL 33127			83						┨
				84	City		FL  8	5 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508, Florida Statut	es, the al	bove-	named corp	oration submits this statement for the pur- ion's board of directors. I hereby accept t	pose of cha	inging i	ts registered	7
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Fig	orida Stat	utes.	nie corporan	ion's board or directors. Thereby accept t	ne appoint	nont as	registered	
SIGNATURE	<del></del>		- <del></del>	<b>_</b>		ed when reinstating)	DATE			
12.	Signature, typoid or printed more of registered ag OFFICERS AN	ELEMOTHS TAPPEADIS (NOT	13.	n Ageno	c signature require	ADDITIONS/CHANGES TO OFFICER		RECTOR	RS IN 12	Ę
TITLE	PVST	DELETE	1.1 TI	TLF				Change	Addition	10,0
NAME	PASTRANA, MARIA C		1.2 NA	1.2 NAME						2
STREET ADDRESS	199 NW 20TH STREET		1,3 STREET ADDRESS		ADDRESS					] [
CITY-ST-ZIP TITLE	MIAMI FL 33127	DELETE	1.4 CI 2 1 Tri	1Y-\$1-	- ZIP			Change	Addition	−Įè
NAME	PASTRANA, MARIA C	ריי מינבור	2.2 NA					Onange	Addition	
STREET ADDRESS	199 NW 20TH STREET				DDRESS					
CITY-ST-ZIP	MIAMI FL 33127		2. 4 C	ITY-ST	- ZIP					]
TITLE		DELETE	3.1 TII		[			Change	☐ Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET 3.4 CITY-5		i					
CITY-ST-ZIP TITLE		DELFTE	4.1 TJ1		- LIF.			Change	Addition	1
NAME		-	4. 2 NAME					-		
STREET ADDRESS			4.3 ST	REET A	IDDRESS					
CITY-ST-ZIP		The server	4.4 CITY - ST -		- ZIP		<del></del>	<u> </u>	7 4	-
TITLE		DLTELE	5.1 TITLE					Change	Addition	
NAME STREET ADDRESS			5.2 NAME 5.3 STREET		DOBESS					
CITY-ST-ZIP			5.3 STREET 5.4 CITY - S							
TITLE		DEL ETE	6.1 TIT					Change	☐ Addition	
NAME			62 NA	AME	1					
STREET ADDRESS			6.3 \$1	REET A	DORESS					
CITY-ST-ZIP				1Y-ST-		C	at	45 - 2 - 11	·	1
14. I hereby of indicated	certify that the information supplied v For this annual report or supplement	wth this filing does not qualify fo al annual report is true and acc	or the execute and	emption d that	on stated in . I my signatur	Section 1 19.07(3)(i), Florida Statutes. I fur e shall have the same legal effect as if m	ther certify ade under :	that the	information at I am an	

14. I hereby certify that the information supplied with this liting does not quality for the exemption stated in Section 119.07(3)(). Fordal statutes, increase indicated on this annual report or suppliemental 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.

CICMATIDE.

Jana C. Pastrania

4/27/98 305-576-209