

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

DOCUMENT # P95000025615 (2)

1. Corporation Name

101 ARAGON GP CORP.



Principal Place of Business

**100 SE 2 ST
34TH FLOOR
MIAMI FL 33131**

Mailing Address

**100 SE 2 ST
34TH FLOOR
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BONNER, R. LAWRENCE
100 SE 2 ST
34TH FLOOR
MIAMI FL 33131**

3. Date Incorporated or Qualified

03/28/1995

3a. Date of Last Report

4. FEI Number

65-0583463

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

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 typed or printed name of individual agent and the corporation

Printed Name of Agent or corporation registered in Florida

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

BONNER, R. LAWRENCE

STREET ADDRESS

100 SE 2 ST 34TH FLOOR

CITY- ST- ZIP

MIAMI FL 33131

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

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NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

☐ Change

☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

21. TITLE

☐ Change

☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

31. TITLE

☐ Change

☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

41. TITLE

☐ Change

☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

51. TITLE

☐ Change

☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

61. TITLE

☐ Change

☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY- ST- ZIP

**000001864390
-06/18/96--01008--043
***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)(k), Florida Statutes. I certify that the information indicated in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as made under oath, that I am an officer or director of the corporation, or the receiver or trustee or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 of this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Lawrence Bonner

4/26/96

305 350 5143

CR2E034 (12/95)