

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000029630 (7)

1. Corporation Name

ARAMINDA, INC



Principal Place of Business

11837 SW 12TH ST.  
PEMBROKE PINES FL 33025

Mailing Address

11837 SW 12TH ST.  
PEMBROKE PINES FL 33025

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PEREZ, RICARDO J  
11837 SW 12TH ST.  
PEMBROKE PINES FL 33025

3. Date Incorporated or Qualified

04/10/1995

3a. Date of Last Report

4. FEI Number

65-0570431

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 registered agent and, if not applicable,

(NOTE: For use by Agent's initial or registered corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PEREZ, RICARDO  
STREET ADDRESS 11837 SW 12TH ST.  
CITY-STATE-ZIP PEMBROKE PINES FL 33025

TITLE D ☐ DELETE

NAME PEREZ, MARCELA D  
STREET ADDRESS 11837 SW 12TH ST.  
CITY-STATE-ZIP PEMBROKE PINES FL 33025

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME

2. STREET ADDRESS

2. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME

3. STREET ADDRESS

3. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME

4. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME

5. STREET ADDRESS

5. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME

6. STREET ADDRESS

6. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)