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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if changed



FLORIDA DEPARTMENT OF STATE

Sagdra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000032269 (9)

ARA MILITHELOOR MAINTENANCE AND SUPPLY INC.

Principal Plac 6300 BLVD OF NORTH LAUDE US		10010 S. NO	Mailing Address 10010 S. NOBHILL CIRCLE N/A. TAMARAC FL 33321-1205 N/A. 6300 BIVD OF CHAMPIONS N. JAVOENDALE FL 33568								
				FL 3	3000		04/25/1			e of Last f 11/1996	Report
<u> </u>	lace of Business	2a. Mailing A	Address				4. FEI Numi				pplied For
Suite, Apt. #, etc.		26 Suito As	Suite, Apt. #, etc.				65-05	/3438	····		lot Applicable
22	# ₁ \$10.		27				5. Certificate	e of Status Desired			Additional leguired
City & State			City & State				6. Election C	Dampaign Financing			May Be
23		28					I .	d Contribution			to Fees
Zip	Country	Zip		Count	γ		8. This corp	oration has liability for i			s. 199.032,
24	9. Name and Address of Curre	29	3	<u>o</u>			Florida St			No	
10/6/		ili negistered Ağı	9111		Name			d Address of New Re	Jistered A	gent	
7VA	GNER, ADRIANA	1				/\		VARGAS			
TAN	10 S. NOBHILL CIRCLE/N/F. IARAC FL 33321 300 BIVD OF CHAM IAVOEROALE FL 3:	T .		8:	2 Street	t Addres 300	ss (P.O. Box N	umber is Not Acceptable CHAMP	le)		
6	200 BIND OF CHAM	upions		8:	3		010	· Chility			
N.	IAUDERDALE FL 3	3068		<u> </u>		1	a			12-1 8-	
				8	City	N. //	WOELDI	Ale Fl	FL	85 Zip	3068
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, I	Florida Statutes	, the abo	ve-name	d corpo	ration submits	this statement for the p	urpose of c	hanging	its registered
agent. I a	to the provisions of Sections 607.05t egistered agent, or both, in the State m lamits 200, and accept the oblig	gations of Section	607.0505, Florid	da Statuti	oy me co 38.	rporatio	n's poard of bi	rectors, i nereby accep	л тпе аррог	iniment as	registered
SIGNATURE	CXIIMY //E	80N V3	AKYAS.	,						5/30	2/97
12.	Significated appropriate of registered ag	jont and tillo it applicable. ND DIRECTORS	(NOTE: F	Hegislered A	gent signatu	re required	when reinstating)	S/CHANGES TO OFFIC	DATE DATE	DIDECTOL	DC IN 10
TITLE	D		DELETE	1.1 1111.8						Change	Addition
NAME	WAGNER, ADRIANA	_	_	1.2 NAME		NE	ISON V	AREAS DOFCHANF	- المراح		
STREET ADDRESS	10010 S. NOBHILL CIRCLE			1.3 STREE	1 ADDRESS	63	OO BIV	D OF CHANG	70N3		
CITY-ST-ZIP	TAMARAC FL 33321			1.4 CITY -	\$1-7IP	N.	IANDERL	ARE FL 33	()68		
TITLE			DELETE	2.13016	·					Change	Addition
NAME				2.2 NAME							
STREET ADDRESS	ı.			2.3 STREI	T ADDRESS						
CITY-ST-ZIP			T Server	2.4 City	-\$T-7IP	_					· · · · · · · · · · · · · · · · · · ·
TITLE		L.	_] DELETE	3.1 TITLE					L	J Change	☐ Addilion
NAME				3.2 NAME							
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP			DELETE	3.4. CITY 4.1 TITLE	- S1 - ZIP	+	· · · · · · · · · · · · · · · · · · ·			Change	Addition
NAME		_		4. 2 NAM	L				L		Audition
STREET ADDRESS					1 AODRESS	1					
CITY-ST-ZIP	,			4.4 CITY-							
TITLE			DELETE	5.1 TITLE		†···				Change	Addition
NAME				5.2 NAME					_	,	_
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP				5.4 CiTY-							
TITLE			DELETE	61 TITLE		1		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREE	T ADDRESS						
PITY . CT . 71D		•		D 4 O(T)/	OT 7:0	1					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Jun 05 1997 8:00am

Secretary of State