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

PROFIT CORPORATION



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

ANNUAL REPORT	
1006	

P95000041634

DOCUMENT #
1- Corporation Name

ARCA TIR 2450 Pal Hialeah,								
Principal Place of Business 2450 Palm Ave. Hialeah F1. 33012 Mailing Address 2450 Palm Ave. Hialeah F1 33012								
						3. Date incorporated or Qualified	3a. Date of Las	st Report
					·····	5-26-95		
2. Principat Pla	ace of Business		2a. Mailing Address			4. FEI Number 65–0583235	-	Applied For Not Applicable
21 Suite, Apt. #	d etc		Suite, Apt. #, etc.				\$8	.75 Additional
22	, 0.0.		27]			5. Certificate of Status Desired	1 7 -	ee Required
City & State			City & State			6. Election Campaign Financing	\$ <u>;</u>	5.00 May Be
23			28	4		Trust Fund Contribution		dded to Fees
Ζφ 24	Countr 25	у	Zip 29	Country 30		This corporation has liability for Florida Statutes	intangible tax unde \times\text{\text{\text{Int}}} No	ers 199.032,
	9. Name and Addre	ss of Current I	legistered Agent			10. Name and Address of New F	legistered Agent	
Angel A	. Baez.			81 1	Name A	lejandro L. Abascal.		
2450 . Palm Ave,			82	Street Ado	iress (P.O. Box Number is Not Acceptab	ole)		
Hialeah	F1 33012			B3	245	O Palm Ave.		·
				84	City	aleah	FL 85	Zip Code 33012
11. Pursuant to	o the provisions of Secti	ons 607.0502 a	nd 607.1508, Florida Statute	s, the above-nar	ned corpo	pration submits this statement for the pu		its registered office
p or registere	ed agent, or both, in the	State of Florida	Such change was authorize 607.0506. Florida Statutes.	d by the corpora	ation's boa	oration submits this statement for the pu and of directors. I hereby accept the app	ointment as registe	ared agent. I am
SIGNATURE	Alejandro	L. Abasca	al x Dlon	reeS.	-		4-24-	96
	Signature, typed or printed name			E: Registered Agent s	gnature requir			
12.	······	DEFICERS AND I		13.		ADDITIONS/CHANGES TO OFF		
TITLE	DP Angel A	. Baez.	☐ DELETE	1. 1 TITLE	1 -) P	🔀 Char	nge 🔲 Addition
NAME DANGER ADDRESS	233 E. 38 St.				12 NAME Alejandro L. Abascal			
STREET ADDRESS	Hialeah Fl				1.3 STREEL ADDRESS 1035 W. 33 Pl. 14 CITY-SI-ZIP Hialeah Fl. 33012			
CITY-ST-ZIP TITLE	····	22012	[] DELETE	2. 1 TITLE		ialeah F1. 33012	「X Char	nge
NAME	DST	_		2.2 NAME	_	ST	CAT -	•• 🚨 ····
STREET ADDRESS	Caridad Bae:			2.3 STREET AD		onia Abascal		
CITY-ST-ZIP	233 E 38 St Hialeah F1	33012		2.4 CITY - ST -	71P H	035 W. 33 Pl. Taleah F1 33012		
TITLE	*********		☐ DELETE	3. 1 7011.8		**************************************	[] Chai	nge 🔲 Addition
NAME	1			3.2 NAME				
STREET ADDRESS				3.3 STREET A	DRESS			
CHY-ST-ZIP				3.4 CITY - \$1 - 1	ZIP			
TITLE			DELETE.	4. 1 TITLE			Chai	nge 🔲 Addition
NAME				4.2 NAME				
STREET ADORESS				4.3 STREET AL	DRESS			
CITY-ST-ZIP				4.4 CHTY - ST -	ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TITLE			☐ DELETE	5. 1 TITLE	T		☐ Cha	-
NAME				5.2 NAME		700018 -05/01/9601 ***200.00	02517	6 "
Street address				5.3 STREET AC	DRESS	-05/01/9601	015013	
CITY-ST-2IP				5.4 C(TY+S1-	ZIP	***200.00		
TOTLE			[]] DELETE	6 1 TITLE			Cha	nge DAGON (

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutis. Number 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.

62 NAME

63 STREET ADDRESS

ejandro L. Abascal * Alasca BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Alejandro L. Abascal

TITLE NAME

STREET ADDRESS

4024-96

305-882-1310

Daytime Phone #