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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra R. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

P95000045367 (6)

ARTHUR GUERRA ENTERPRISES, INC.

Principal Place of Business Mailing Address 12 ROYAL PALM WAY, #103 12 ROYAL PALM WAY, #103 **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Date Incorporated or Qualified 3a. Date of Last Report 06/06/1995 2. Principal Place of Business 2a. Mailing Address El Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιο Country Ζιρ Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GUERRA, ARTHUR** 82 Street Address (P.O. Box Number is Not Acceptable) 12 ROYAL PALM WAY, #103 **BOCA RATON FL 33432 B3** 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required which reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE [] DELETE 1. 1 THILE Change Addition **GUERRA, ARTHUR** NAME 1.2 NAME 12 ROYAL PALM WAY, #103 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 14 CITY-ST-ZIP T(T) F [] DELETE 2 1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 City - ST - ZiP TITLE DELETE 3. 1 TITLE [] Change Addition NAME 3.2 NAME STREET ADDRESS 33 STHEET ADDRESS CITY-ST-ZIP 3.4 DITY-ST-ZIP TITLE DELETE 4.1 THLE Addition ☐ Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 44 CITY - ST-ZIP TITLE DELFTE. 5 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CiTy - S1 - ZiP TITLE DELETE

6. 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-71P 14. If 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 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 coath; 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

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ac altar hment with an address.

Daytime Phone #

Date

Change

Addition

CR2E034 (12/95)