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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Mar 10 1998 8:00am

1998	C	CORPORATIONS	Secretary	y of State
DOCUMENT # P 9500	0081739			
ARANGO"S MARKETING	, INC.			
Principa! Place of Business	Mailing Address			
12360 S.W. 132 Ct. # 210				
Miami, Fl. 33186			DO NOT WRITE IN THIS	SPACE
umly 111 33100			3. Date Incorporated or Qualified	
			10/25/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. # etc.	Suite, Apt. #, etc.		65 0615332	Not Applicable
22	27 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the cu	
24 25	29	30		Yes No
9. Name and Address of Co	irrent Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
ARANGO, JOHN				·
12360 S.W. 132 Ct.	# 210	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
Miami, F1. 33186		83		· · · · · · · · · · · · · · · · · · ·
		20		1-1-1-
		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607	0502 and 607.1508, Florida Statul	les, the above-named cor	poration submits this statement for the purpose of	of changing its registered
agent. I am familiar with, and accept the c	state of Florida, Such change was obligations of, Section 607 0505, Fl	authorized by the corpora orida Statutes.	ation's board of directors. I hereby accept the app	pointment as registered
SIGNATURE				
Signature types for profes name of register 12. OF FICE RS	SAND DIRECTORS	L Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE PSD ARANGO JOHN	DELETE	111171.6	ADDITION OF TANKES TO OTH CERS AN	Change Addition
15233 S.W. 14	17th Court	1.2 NAME		
STREET ADDRESS Miami, F1. 33		1 3 STREET ADDRESS		l :
CITY-ST-ZIP		1.4 C/TY - S1 - ZIP		
TITLE	☐ DELETÉ	2 1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY - ST - ZIP TITLE	☐ DELETE	2. 4 CITY+ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME	_ Octivi	3 2 NAME		C Shange C Aughlon
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3 4. CITY-ST-ZIP		
TITLE	☐ DELETE	41 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	- Inches	4 4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME CIRCLE ADDRESS		5.2 NAME		27 Un
STREET ADDRESS CITY+ST-ZIP		5 3 STREET ADDRESS 5 4 CITY-ST-7IP		~ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
TITLE	DELETE	6.1 TIT(E	معن الرسانية المراجع الرسانية المستوالية الم	Change
NAME		6.2 NAME	40000245 32 -03/11/9801005	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS		6.3 STREET ADDRESS	-U3/11/38U10U5 ***150.00	uu5
CITY-S1-ZIP		6.4 CITY+ST+7IP		
14. Thereby certify that the information supplic	d with this filing does not qualify fo	or the exemption stated in	Section 119.07(3)(i), Florida Statutes I further of	ertify that the information

indicated on this armual report of 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 in 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 but an attachment with an address.

PRINTED NAME OF SIGNING PRECEN OR DIRECTOR