

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000083986 (6)
 1. Corporation Name
ARICOPY CORPORATION



Principal Place of Business 7366 NW 5 STREET PLANTATION FL 33317	Mailing Address 7366 NW 5 STREET PLANTATION FL 33317-1605
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3. Date Incorporated or Qualified 11/02/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 10302 N.W. South River Dr	2a. Mailing Address 26 10302 N.W. South River Dr.
Suite, Apt. #, etc. 22 Bay A-22	Suite, Apt. #, etc. 27 Bay A-22
City & State 23 Medley, Florida	City & State 28 Medley, Florida
Zip 24 33178-1310	Country 25 U.S.A.
Zip 29 33178-1310	Country 30 U.S.A.

4. FEI Number 65-0617255	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ALVAREZ, ANGELA 7900 S COLONY CIRCLE APT 201 TAMARAC FL 33321				10. Name and Address of New Registered Agent			
				81 Name ALVAREZ, ANGELA			
				82 Street Address (P.O. Box Number is Not Acceptable) 10302 N.W. South River Dr.			
				83 Bay A-22			
				84 City Medley,	FL	85 Zip Code 33178-1310	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARIET, GUSTAVO R	1.2 NAME	
STREET ADDRESS	8105 NW 17 MANOR	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33322	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ANGELA	2.2 NAME	
STREET ADDRESS	8105 NW 17 MANOR	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL 33321	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 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 addendum.

SIGNATURE: **E. Ariet** 4/28/97 (305) 792-7727
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0278820

CR2E034 (9/96)