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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000084848 (7)

ARPEC INTERNATIONAL, INC.

FILED
May 09 1997 8:00am
Secretary of State

Addition

Addition

Addition

Addition

Change

Change

☐ Change

Principal Place of Business Mailing Address						{		
8043 NW 1677	•	6043 NW 167TH S	т					
#A-5	n əi	#A-5	1					
MIAMI FL 33015 MIAMI FL 33015-4316								
						3. Date Incorporated or Qualified	3a. Date of Last Report	
						11/02/1995	10/09/1996	
2. Principal F	Place of Business	28. Mailing Address				4. FEI Number	Applied For	
21		[26]				65-0629104	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #. otc. 27				L b. Cerimoate of Status Hesited III '	58.75 Additional	
22							Fee Required	
City & Stat	10	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 has liability for i	intangible tax under s. 199.032,	
24	25	29	30	30			Yes No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered Agent	
DEF	POLI, DANIEL A			81	Name			
604	3 NW 167TH ST		Street Add		Street Add	ress (P.O. Box Number is Not Acceptab	ale)	
# A-	5				0.0001100			
.∵ MIA	MI FL 93015			83				
:				84				
					City		FL 85 Zip Code	
11. Pursuant	to the provision o Sections 607.050	02 and 607.1508, Florid	a Statutes, th	ne above	-named cor	poration submits this statement for the p	purpose of changing its registered	
office or	registor d agont, of both, in the State	e of Florida. Such chanc Soldian 607 f	je was autho 1905. Elorida	orized by Statutes	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appointment as registered	
	1 / // // // // //	J. J. CHOHOUL	ooo, i londa	Ciciono				
SIGNATURE	Ignature, and or printed name of registered ag	ent and title if applicable	(NOTE: Reg	iste ed Agn	nt signature requ	ited when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TOTLE	D	DELETE 1.11		1.1 TILLE	· · · · · · · · · · · · · · · · · · ·		Change Addition	
NAME	DE POLI, DANIEL A		1.2 N					
STREET ADDRESS	TREET ADDRESS 6043 NW 167TH ST, #A-5		1.3 STREET	ADDRESS				
CITY-ST-ZIP	TY-ST-ZIP MIAMI FL 33015-4318		1.4 CHY-SI	A CHY-ST-7IP				
TITLE		I bei		0.4.717.0			Change	

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5 8 STREET ADDRESS 5 4 City-St-Zip

6 9 STREET ADDRESS

4.4 CHY-ST-ZIP

3.4. C(1) Y - S1 - Z(P

2.4 CITY - \$1 - ZiP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 1HLF

5.2 NAME

6.1 TIFLE

6.2 NAME

DELETE

DELF1E

DELETE

DETETE

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 proof or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the contraction or the reference of the contraction or the reference of the contraction of the contraction of the contraction of the contraction of the reference of the contraction of the reference of the contraction of the contra

DIGNIATURE X H

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

City-St-Zip

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME