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Mar 16, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000085995

 Corporation 	Name	•••					
THE ARI	EL GROUP, INC.						
							1 (A) 1 (A) (A) (A)
							4
Principal Place of Business Mailing Address					1 SARLIABL LER Harbt Batet mater mater mar	At talai atten tasti) (010) 01)) (80)
4770 BISCAYNE BLVD. 4770 BISCAYNE BLVD.							
SUITE 900 SUITE 900					WET WEITE IN THE OPING		
MIAMI FL 33137 MIAMI FL 33137					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	•	
					11/07/1995		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			65-0623646	~- 	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	T	Additional
22	<u> </u>	27				 	equired
City & State City & State					6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year	Intangible ∐Yes	□No
24	25		30 j		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Current	Registered Agent	8	1 Name	to. Maine and Address of New Registere	u Agein	
7EM	EL & KAUFMAN, P.A.		ا ا		· • · · · · · · · · · · · · · · · · · ·		
2875 NORTHEAST 191 STREET				2 Street Ac	ddress (P.O. Box Number is Not Acceptable)		
SUITE 304			8	2			
AVENTURA FL 33180			l°	3	,		
AVL	ATCHATE SO ISO		8	4 City	F	85 Zip	Code
							registered
l office or re	enietered anent or both in the State o	nt Florida. Such change was auti	nonzea o	v the corbora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	ointment as re	gistered
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statute	es.		į	
SIGNATURE					uurad when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·	
	Signature, typed or printed name of registered agen		Registered Ag	pent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	1.1 TITLE	· - T	ADDITIONO.	Change	Addition
TITLE	•		1.2 NAMI			7.	_ {
NAME	STUDLEY, RHODA 6291 SW 63 AVENUE					***	Į.
STREET ADDRESS	•=• • • • • • • • • • • • • • • • • • •		ì	ET ADDRESS			1
CITY-ST-ZIP	S. MIAMI FL 33143	☐ DELETE	1.4 CITY			Change	[] Addition
TITLE	ST	□ DELETE	2.1 TITLE				
NAME	HABER, MELVIN J		2.2 NAMI		. •		
STREET ADDRESS	4770 BISCAYNE BLVD., #900		l l	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33137	☐ DELETE	2. 4 CITY			Change	[] Addition
TITLE	VP	☐ DETE IE	3.1 TITLE			È aviande	
NAME	ZEMEL, FRANKLIN		32 NAMI				
STREET ADDRESS	2875 NE 191 STREET, #304			ET ADDRESS			
CITY-ST-ZIP	AVENTURA FL 33180		3.4. CITY			Change	Addition
TITLE		☐ DELETE	41 TITLE			☐ criange	☐ Addition
NAME			4. 2 NAM				
STREET ADDRESS			4.3 STRE	ET ADDRESS		,	
CITY-ST-ZIP			4.4 CiTY				D & 2 3 3 5 c -
TITLE		☐ DELETE	5.1 TITLE	i		Change	Addition
NAME			5.2 NAM	i			, [
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5 4 CITY				
TITLE		☐ DELETE	61 TITLE	·		Change	☐ Addition

14. I 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 armulal 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 comporation 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 changes, or or an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP