Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90225 014 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000090204

1. Corporation Name

ARCO AMERICAN INC

Ango A	WENICAN, INC.										
Principal Place	of Business	Mailing Address				f 10041001 110 ta			111 80118 11011 1		
4610 HIATUS R	OAD	4610 HIATUS ROAD	HIATUS ROAD								
108 108 CUMPINE EL 20251						г	O NOT WRITE	IN THIS S	PACE		
SUNRISE FL 33: US	351	SUNRISE FL 33351 US				3. Date Incorporated or Qualifed					
00		••			"	11/28/1995					i
2. Principal Pl	ace of Business	2a. Mailing Address			4	, FEI Number	,		Ap	plied For	i
21		26				65-0629085			No	t Applicable	i
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				. Certifcate of State	us Desired (3	\$8.75 A	i	
22		27				- Certificate of Otol		-	Fee Re	·	i
City & State	e T	City & State			6	Election Campaig	1	<u> </u>	\$5.00		
23		Zin Country				Trust Fund Contr			Added t	o rees	
Zip Country		Zip Country 30			8	This corporation Personal Propert				□No	
24	9. Name and Address of Current		' 1		10	Name and Addr			7		
* ****	9, Name and Address of Current	. Itogistorea rigorie	81	Name					ж.		
	ALLUS, ARGO		82	Ctroot /	ddroog (P.O. Box Number i	e Not Accentable	2)			
	HIATUS ROAD		02	Street	luuiess (r.c. box Number 1	3 NOT ACCEPTABLE	• • • • • • • • • • • • • • • • • • • •			ĺ
SUNI		83			· · · · · · · · · · · · · · · · · · ·						
			84	City				·	85 Zip C	Code	ĺ
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				-			•	FL			ĺ
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida, Such change was authors of, Section 607.0505, Florida and title if applicable. (NOTE: Re	onzed by a Statutes gistered Ager	the corpo	ration's t	reinstating)	neleby accept to	DATE			
12.		OFFICERS AND DIRECTORS		13.		ADDITIONS/CHAP	NGES TO OFFIC	EKS ANL	Change	Addition	
TITLE	D Karallus, Argo	(T) DECEIE	1.1 TITLE 1.2 NAME					•			
NAME	4610 HIATUS ROAD			ADDRESS .							
STREET ADDRESS	SUNRISE FL 33351		1.4 CITY-S		,						ľ
CITY-ST-ZIP TITLE	VP	☐ DELETE	2.1 TITLE		vel	75			Change	Addition	ľ
NAME	HEATHER K. SANCHEZ		2.2 NAME]	HrA-	THER M.)	CARALL	2			ĺ
STREET ADDRESS	4610 HIATUS ROAD		2.3 STREET	TADORESS	, 0,1	11100					ĺ
CITY-ST-ZIP	SUNRISE FL 33351		2.4 CITY-S	T-ZIP				., :	<u> </u>		ļ
TITLE	TS	DELETE	3.1 TITLE						☐ Change	☐ Addition	ĺ
NAME	JUDITH F. KARALLUS	/ `	3.2 NAME								
STREET ADDRESS	4610 HIATUS ROAD		3.3 STREE	FADDRESS							İ
CITY-ST-ZIP	SUNRISE FL 33351		3.4. CITY-S	T-ZIP					☐ Change	Addition	1
TITLE		☐ DELETE	4.1 TITLE						☐ Criange	[] Addition	
NAME			4. 2 NAME	. 10000000							
STREET ADDRESS	,			TADDRESS							1
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	t-ZIP					· Change	Addition	
TITLE		, — DECC.	5.1 III.E						_ •	_	
NAME			5.3 STREET ADDRESS								ĺ
CITY-ST-ZIP	tess .		5.4 CITY-S	T-ZIP							
TITLE	· ·	☐ DELETE	6.1 TITLE	-					☐ Change	☐ Addition	
NAME			6.2 NAME								

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information surplied 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 suppliemental 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 trastee expowered 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 or an attachment with an address with all-other like empowered.