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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600004533 (1)

ARSIL FAMILIAR, INC.

Principal Place of Business		Mailing Address		) (# Drings for India Baile nation gover double baile	'Gilli edili didal dilab ilida sili 1891	
801 S BAYSHORE DR #463 MIAMI FL 33131 US		BO1 S BAYSHORE DR #463 Miami Fl 33131 US		DO NOT WRITE IN	I THIS SPACE	
					3. Date Incorporated or Qualified 01/16/1996	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	26		65-0640225	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.			\$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	
<b>Z</b> ip <b>24</b>	Country 25		Country 30		This corporation owes or has paid t Personal Property Tax due June 30	Yes No
	9. Name and Address of Currer	nt Registered Agent		<del> </del>	10. Name and Address of New Regis	tered Agent
GIRONA, ARTURO I			81	Name		
	1 S BAYSHORE DR STE 463 Ami Fl 33131		82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
			83			
			84	City		FL 85 Zip Code
office or r agent. I a SIGNATURE	and the second second	•			orporation submits this statement for the purp ation's board of directors. I hereby accept the	he appointment as registered
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICER	IS AND DIRECTORS IN 12
TITLE	D	☐ DELETE 1.1 T				Change Addition
NAME	GIRONA, ARTURO I		1.2 NAME			
STREET ADDRESS 801 S BAYSHORE DR STE 46		63	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		1.4 CHY-S	T-ZIP		
TITLE	D	☐ DETEM	DELETE 21 TITLE			Change Addition
NAME	GIRONA, ARTURO	••	2.2 NAME			
STREET ADDRESS	801 S BAYSHORE DR STE 4	63	2.3 STREET			
CITY-ST-ZIP	MIAMI FL 33131	DELETE	2. 4 CITY - 5 3.1 TITLE	-T-ZIP		Change Addition
TITLE NAME			3.1 TITLE 3.2 NAME			C change C Addition
STREET ADDRESS			3.2 (DAME 3.3 STREET	Annorce	•	
CITY-ST-ZIP			3.4. DITY-S			
TITLE			4,1 1/1LE	11.511		Change Addition
NAME			4. 2 NAME			
	-		4.3 STREET	ADDRESS		
CITY-\$T-ZIP			4.4 CITY - S	1-7IP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			52 NAME			
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	1 - ZIP		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			i
STREET ADDRESS			6.3 STREET	ADDRESS		

14. Thereby certify that the information supplied with this filling 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 cociever 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 one an attachment with an address