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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARIMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90213 007 ***150.00

DOCUMENT # 1. Corporation Name	P96000004533

ARSIL FAMILIAR, INC.

BOIS BAYSHORE DR #463 INAM FL 331:1 DO NOT WRITE IN THIS SPACE 3. Date inc opporated or Qualified 01/16/1996 4. FET Number 05/10/15/16/1996 4. FET Number 05/10/15/16/1996 4. FET Number 05/10/16/1996 5. Centrical or distance Desired 10/16/1996 6. Election Campaign Financing 10/16/1996 6. Election Campaign Financing 10/16/1996 7. Store 10/16/1996 6. Election Campaign Financing 10/16/1996 7. Store 10/16/1996 7. Store 10/16/1996 7. Store 10/16/1996 7. Country 10/16/1996 7. Store 10/16/1996 8. This corporation owes the current year transploke 11/16/1996 8. This corporation owes the current year transploke 11/16/1996 8. This corporation owes the current year transploke 11/16/1996 8. This corporation owes the current year transploke 11/16/1996 8. This corporation owes the current year transploke 11/16/1996 8. This corporation owes the current year transploke 11/16/1996 8. This corporation owes the current year transploke 11/16/1996 8. This corporation owes the current year transploke 11/16/1996 8. This corporation owes the current year transploke 11/16/1996 8. This corporation owes the current year transploke 11/16/1996 8. This corporation owes the current year transploke 11/16/1996 8. This corporation owes the current year transploke 11/16/1996 8. This corporation owes the current year transploke 11/16/1996 8. This corporation owes the current year transploke 11/16/1996 8. This corporation owes the current year transploke 11/16/1996 8. This corporation owes the current year transploke 11/16/1996 8. This corporation owes the current year transploke	Principal Place	of Business	Mailing Address				1101	I I I I I I I I I I I I I I I I I I I	Bill Adill Balti I		i ittiilii siit immi
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Suite, Apt, #, etc. Suite, Apt, #, etc. Suite, Apt, #, etc. City & State Mipmi FL City & State Mipmi FL Zip County 3313 Zip County Name and Address of Current Registered Agent GIRONA, ARTURO I 801 S BAYSHORE DR STE 463 Mikmi FL 33131 Mipmi FL Since Address of Status Desired GIRONA, ARTURO I 801 S BAYSHORE DR STE 463 Mikmi FL 33131 Mipmi FL Since Address of Status Desired GIRONA, ARTURO I 801 S BAYSHORE DR STE 463 Mikmi FL 33131 Mipmi FL Since Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Set tions 607.0502 and 607.1508, Florida Statutis, the above-named cor parabor submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was anthorized by the corporation submits this statement for the purpose of changing its registered agent. I mainlier with, and ack get the obligations of, Section 607 (505, Florida Statutis) Signature, typed or pured nair sor registered agent agent at the supportative (NOTE Registered Agent universe required when relinstancy) Addition of the purpose of changing its registered agent and the supportative of the Statutes. Signature, typed or pured nair sor registered agent at the supportative required when relinstancy) DELETE 1. THE DELETE 1. THE CIRONA, ARTURO I DELETE 2. THE Change Addition Change Change Addition Change Change Change Change Change Chang	al 801 (3	rickell Bay Drive	26 801 Brickell	SOM .	Dri	re	65-064	0225		No	t Applicable
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6.4 CITY-ST-ZIP 14. I hereby certify that the informal on supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cartify 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 recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or a state them.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

61 TITLE

62 NAME

SIGNATURE:

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CITY-ST-ZIP

TITLE

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Addition

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Change

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