

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

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

04-26-1999 90213 007 ***150.00

DOCUMENT # P96000004533

1. Corporation Name

ARSIL FAMILIAR, INC.

Principal Place of Business

801 S BAYSHORE DR #463
MIAMI FL 33131
US

Mailing Address

801 S BAYSHORE DR #463
MIAMI FL 33131
US

2. Principal Place of Business

21 801 Brickell Bay Drive

2a. Mailing Address

26 801 Brickell Bay Drive

Suite, Apt. #, etc.

22 Suite 463

Suite, Apt. #, etc.

27 Suite 463

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 33131

Country

25 US

Zip

29 33131

Country

30 US

9. Name and Address of Current Registered Agent

GIRONA, ARTURO I
801 S BAYSHORE DR STE 463
MIAMI FL 33131

Handwritten note: Main address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1996

4. FEI Number

65-0640225

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 801 Brickell Bay Drive

84 Suite 463

City Miami FL

FL

85 Zip Code
33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. (OFFICERS AND DIRECTORS)

TITLE ☐ DELETE

NAME D
GIRONA, ARTURO I
STREET ADDRESS 801 S BAYSHORE DR STE 463
CITY-STATE-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME D
GIRONA, ARTURO
STREET ADDRESS 801 S BAYSHORE DR STE 463
CITY-STATE-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
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CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

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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 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTURO GIRONA

Date

Daytime Phone #

4/14/99

305-374-3922

CR2E034 (1/98)