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

PROFIT CORPORATION **ANNUAL REPORT**

1997

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000015946 (2)

ARAWAK TRADING COMPANY

Principal Place of Business Mailing Address 1271 WILSHIRE CIRCLE EAST 1271 WILSHIRE CIRCLE EAST PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027-2211 3. Date Incorporated or Qualified 3a. Date of Last Report 02/21/1996 2. Principal Place of Business 2a. Mailing Address Applied For -064 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip (8.) his corporation has liability for intangible tax under s. 199.032, Florida Statutes (★ Yes) □ No Country Zip Country 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LEDER, NATHAN I M- SANTANOEG 5200 BLUE LAGOON DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 600 1271 WIL SHIRE 83 **MIAMI FL 33126** 84 City 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 amylamiliar with, and accept the obligations of Section 607.0505, Florida Statutes. (NOTE: Registered Agent's greature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition SANTANGELO, ARLENE NAME 1.2 NAME 1271 WILSHIRE CIRCLE EAST STREET ADORESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33027 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CRY-ST-ZIP TITi F DELETE Change Addition 31 THILE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAM2 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE TITLE 5.1 TITLE Change Addition

do 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 Blo 13 if changed, or on an attachment with an address.

5.2 NAME

6.1 1III F

6.2 NAME

DELETE

5.3 STREET ADDRESS

5.4 CITY - S1 - ZIP

Change

Addition

FILED

Apr 14 1997 8:00am

Secretary of State