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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000021384 (8)

ARCOS MARKETING CONSULTANT CORP.

FILED
Apr 10 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address									-			i iz eba fikal	1814 BIBI 1881	
1561 1/2 SUNSET DR P.O. BOX 561152 CORAL GABLES FL 33143 MIAMI FL 33256-1152 US US									DO NOT WRITE IN THIS SPACE					
									3. Date Incorporated 03/06/1996	d or Qualified				
2. Principal P	ace of Busin		2a. N	failing Address				4. FEI Number			1	Applied For		
21				26					65-067554			1	ot Applicable	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					5. Certificate of Stat	us Desired		•	Additional Required	
City & State	9			City & State					6. Election Campaig	-			О Мау Ве	
23				28					Trust Fund Contribution Added to Fees					
Žip	Country			\neg	Zip Count			•	8. This corporation owes or has paid the current year Intangible					
24 25 29 29 29 Name and Address of Current Regir					ared Agent				Personal Property Tex due June 30. Yes No 10. Name and Address of New Registered Agent					
DO	TATI: SER													
		KENDALL D	RIVE					Name	ROTATI	CLA	-			
	AMI FL 331		11176				82	Street Addre	ss (P.O. Box Number is	Not Accepta	ble) VOAL	L 6	KIVE	
							83						1 1 L	
							84	City	v1 A./ /		— — — — — — — — — — — — — — — — — — —	85 Zip	Code	
44 Dissessed	la tha men da	ions of Continu	007.0E02.00	2 007	1500 Elected Oles	dan the e		<i>[[[[[[[[[[</i>	IMMI		FL	3	33156	
office or ri	egi s tered ag m fam iliar wi	ent, or both, in th, and eccep	t the obligation	t orida is of, S	Such change was Section 607,0505, F	authorize Iorida Sta	d by lutes	the corporatios.	ration submits this state on's board of directors.	I hereby acce	pt the appo	changing ointment a	s registered	
SIGNATURE				ROTATI		De	13	98						
Signalure, typod or printed name of regentered agent and title II applicable (NOTE: 12. OFFICERS AND DIRECTORS								ent signature required	when reinstating) ADDITIONS/CHAN	GES TO OFFI	DAX DERS AND	DIRECTO	IRS IN 12	
TITLE	PSTD		IOCHO AND DI	TILOT	DELETE	13.	ILF		AUDITIONS/CHAIN	GEO TO OFFI	OENS AND	Change		
NAME		, CLAUDIO			_	1.2 N		j						
STREET ADDRESS 4795 NORTH KENDALL DRIVE								ADDRESS						
CITY-ST-ZIP	SALASAI PI							Y-ZIP						
TITLE				•• • • • • • • • • • • • • • • • • • • •	DELETE	2.1 Ti						Change	Addition	
NAME						22 N	AME							
STREET ADDRESS						235	REFT	ADDRESS						
CITY-ST-ZIP						2.40	ITY-S	ST-ZIP						
TITLE					DELETE	3.1 TI	TLE					Change	Addition	
NAME						3.2 N	AME							
STREET ADDRESS						3.3 S	'REE T	ADDRESS						
CITY-ST-ZIP								ST-ZIP						
TITLE					DELETE	4.1 T(Change	☐ Addition	
NAME						4. 2 N	AME							
STREET ADDRESS						4.3 S1	REET	ADDRESS						
CITY-ST-ZIP						4.4 CI		1-2IP						
TITLE					DELETE	5.1 TI						Change	Addition	
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STREET ADDRESS								ADDRESS						
CITY-ST-ZIP					DELETE	5.4 CI		T - ZIP				05	Lance.	
TIFLE					☐ DELETE	6.1 TI						Change	Addition	
NAME						6.2 N								
STREET ADDRESS						1		ADDRESS						
CITY-ST-ZIP						6.4 CI	TY-S	T-ZIP						

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 truetee 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.