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 # P96000066462 (8)

	ARCHE CORPORATION		"			
Principal Plac		Mailing Address				
20001 W. FLAGLER STREET MIAMI FL 33135		20001 W. FLAGLER STREET MIAMI FL 33135		DO NOT WRITE IN	THIS SPACE	
l					3. Date Incorporated or Qualified	
1					08/07/1996	
2, Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			65-0690630	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27		Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		·	Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Count	ry	8. This corporation owes or has paid the	
24	25 29 9, Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent	
		Henr Registered Agent	В	1 Name	10. Haile Blid Address of New Yours	alan Maur
	RRA, HAROLDO A)1 W. FLAGLER STREET		L			·
l .	WI FL 33135		8	2 Street A	Address (P.O. Box Number is Not Acceptable)	
MIN	WII FL 33133		8	3		
			_			
				4 City		FL 85 Zip Code
office or r agent. I a I SIGNATURE	ogistered agent, or both, in the S	tate of Florida. Such change was bligations of, Section 607.0505, Fl	authorized l lorida Statut	by the corp es.		e appointment as registered
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
LITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	SIERRA, HAROLDO A		1.2 NAM	E		
STREET ADDRESS	2001 W. FLAGLER ST.			ET ADDRESS		
CITY - ST- ZIP	MIAMI FL 33135			ST-ZIP		Change Addition
TITLE	D ADOUT MANUEL			1		L Change L Addition
NAME			2.2 NAMI	1		
STREET ADDRESS	MIAMI FL 33135			ET ADORESS		
CITY-ST-ZIP TITLE	W54411 L 00100	DELETE	2.4 CITY 3.1 TITLE			Change Addition
NAME	- -		3.2 NAM!	i		
STREET ADDRESS			4	ET ADDRESS		
CITY-ST-ZIP				- ST- ZIP		
TITLE		DELETE 4.1				Change Addition
NAME			4 2 NAM	E.		
STREET ADDRESS				FT ADDRESS		
CITY-ST-ZIP				ST-ZIP		
TITLE			5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	:		
STREET ADDRESS			53 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-	- 1		
TIFLE		DELETE	6.1 TITLE			Change Addition

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 corporation of the rechiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 507 in attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

5) 6495021

FILED

Apr 21 1998 8:00am

Secretary of State