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

PROFIT CORPORATION ANNUAL REPORT

1997

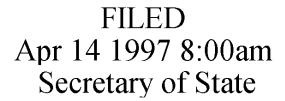


FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067397 (5)



	ARNIS, INC. Ice of Business 3RD FLACE FL 33/355	Mailing Address 17231 N.W. 53RD PLACE CAROL CITY FL 33055-40	60		
}i	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualified 08/13/1996 4. FEI Number 65-069663	. Date of Last Report  Applied For
21     Suite, Apt  22	t #, e c	26 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
7(p 24	Country 25 9 Name and Address of Curr	7ip	Country 30	This corporation has liability for intany     Florida Statutes     To Name and Address of New Register	∑ <b>Y</b> No
RO	DRIGUEZ, OMAR E	BIII HOBISTOIGE ARGUIT	81 Name	IV. Name and Addished of New Hogisto	ION VACUIT
172	PAI N.W. 53RD PLACE RAL CITY FL 33055		82 Street Add 83 84 City	rress (P.O. Box Number is Not Acceptable)	85   Zip Code
11. Pursuan office or agent 1	il to the provisions of Sections 607.0 regis ered agent, or both, in the Sta am familiar with, and accept the obl	502 and 607.1508, Florida Statute of Florida. Such change was igations of Section 607.0505, F	utes, the above-named cor authorized by the corpora forida Statutes.	poration submits this statement for the purpo tion's board of directors. I hereby accept the	₽LÌÌÌ
ļ	Signal are regrets or printed name of registerents		TE Registered Agent signature requ		<del> </del>
12. TileF	D OFFICERS A	ND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME STREET ADDRESS			1.2 NAME 1.3 STREET ADDRESS		
CHY-ST-ZIP TULE	CAROL CITY FL 33055	☐ DELETE	1.4 CITY-ST-ZIP 2:1 TITLE		Change Addition
NAME STEFET ADORESS	MÓLINA, JOSE H 17227 N.W. 74TH PATH		2.2 NAME 2.3 STREET ADDRESS		
City : S* : ZiP Title	MIAMI LAKES FL 33015	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME STREET ADDRESS		_ been	3.2 NAME 3.3 STREET ADDRESS		Consider Consider
CHY - ST - ZIF TITLE NAME		☐ DELETE	3.4. C/TY - ST - Z/P 4.1 T/TLE 4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS .		
TITLE NAME STREET ADDRESS		DELETE	51 TITLE 52 NAME 53 STREET ADDRESS		Change Addition
CITY-ST-ZIF THEF NAME		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
STREET ADDRESS C TY+ST+ZIP	1		6 3 STREET ADDRESS 6.4 City-St-Zip		

4. I do hereby cellify 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 in angel, or on an attachment with an address.

SIGNATURE

CONTRACTOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Prices #