## 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 # P9600093341 (1)

RAMON J. ARRAZCAETA, INC.

## FILED Apr 11 1997 8:00am Secretary of State



Principal Prace of Business Mailing Address						s topfingt wa fains dirti wert, botte water oblis soom erial been niett inat.			
9226 SACRAME NEW PORT RIC	ENTO DRIVE CHEY FL 34855		9226 SACRAMENTO DRIVE NEW PORT RICHEY FL 34855-1617			·			
						3. Date Incorporated or Qualified 3a. D. 11/08/1996	ate of Last I	Report	
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number 10895	<del></del>	pplied For lot Applicable	
Suite, Apt	#, etc.	Suite, Apt #, etc. 27 City & State 28			······ - · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	Additional Required		
City & State	e					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour	itry		This corporation has liability for intangible Florida Statutes	tax under	s. 199.032,	
1	25 Same and Address of Curren	29 29 Agent	[30]			10. Name and Address of New Registered			
ADD		T T T T T T T T T T T T T T T T T T T		81	Name	IV. Trailed and trade of the trade of		<del></del>	
ARRAZCAETA, RAMON J 9226 SACRAMENTO DRIVE				82		ess (P.O. Box Number is Not Acceptable)			
NEV	Y PORT RICHEY FL 34655								
			]	B4	City		<b>85</b> Zip	Code	
						poration submits this statement for the purpose of clien's board of directors. I hereby accept the appropriate the purpose of	<u>.                                     </u>		
12.	Signature, typed or printed name of registered age OFFICERS ANI	D DIRECTORS	13.		· it big ratione requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI			
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DIY-ST-ZIP			6.4 CIT	Y-5	1 - ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 the logit, or on an attachment with an address.

SIGNATURE:

THE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97 813-372-9147