

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

**FILED**

**Feb 25 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000099133 (6)**

1. Corporation Name  
**ARPEMA PRO MARKETING, INC.**



Principal Place of Business: **10975 SW 40TH ST., STE. 458 MIAMI FL 33165**  
Mailing Address: **10975 SW 40TH ST., STE. 458 MIAMI FL 33165-4412**

3. Date Incorporated or Qualified: **12/09/1996**  
3a. Date of Last Report: **12/09/1996**

2. Principal Place of Business  
21 **10975 SW 40 ST.**  
Suite, Apt. #, etc.: **458**  
City & State: **MIAMI, FL.**  
Zip: **33165** Country: **USA.**

2a. Mailing Address  
26 **10975 SW 40 ST.**  
Suite, Apt. #, etc.: **458**  
City & State: **MIAMI, FL.**  
Zip: **33165-4412** Country: **USA.**

4. FEI Number:  Applied For  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**PEREZ-ROURA, ARMANDO**  
**10975 SW 40TH ST., STE. 458**  
**MIAMI FL 33165**

10. Name and Address of New Registered Agent  
81 Name: **PEREZ-ROURA, ARMANDO**  
82 Street Address (P.O. Box Number is Not Acceptable):  
83 **10975 SW 40 ST. STE. 458**  
84 City: **MIAMI** FL 85 Zip Code: **33165**

11. 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **02/19/97**  
Signature of officer or partner name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PEREZ-ROURA, ARMANDO</b>	
STREET ADDRESS	<b>10975 SW 40TH ST., STE. 458</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **02/19/97** (305) 270-0393  
Signature and typed or printed name of signing officer or director Daytime Phone # 0004168

CR2E034 (9/96)