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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90003 018 \*\*\*150.00

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1. Corporation Name

ARAGGE	: GROUP, INC			S		
Principal Place	e of Business	Mailing Address		A COMPINENT (CM PARTY SPOL) OURSIN ABOUT (	NASIL MANIEL MASAN ESITA (ALIA) JA	11 <b>0</b> 1  101
1717 N. BAY SI		1717 N. BAY SHORE DRIVE				
#3639	1645	#3639		DO'NOT WRITE	IN THIS SPACE	
_MIAMI-FL-33132	2 <del>,</del>	**MIAMI-FL 33132*** ** ** **	and were an extended and an extended	3. Date Incorporated or Qualifed	IN THIS SPACE	
•		•		01/14/1997		
2 Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Appl	lied For ,
21 171	7 N. BAY SHORE DA		Y SHORE DA.	65-0732761		Applicable
Suite, Apt.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Suite, Apt. #, etc.	<del></del>		\$8.75 Ad	Iditional
22 1	645 🤲	27 )645		5. Certificate of Status Desired	Fee Requ	uired
City & State		City & State	G/	6. Election Campaign Financing	<b>\$5.00</b> ⋈	
23 MIA		28 MIAM/		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip 33/32 30	Country DADE	8. This corporation owes the current		JNo
24 33		1201	D1,20	Personal Property Tax.  10. Name and Address of New Reg		
	9. Name and Address of Current	Registered Agent	81 Name	IV. Haille Blid Address VI Hew Neg	in a change	
ARA	GGE, SILVIA M					
	7 N. BAY SHORE DRIVE		82 Street Addre	ess (P.O. Box Number is Not Acceptable	e) ·	
#360			83	<del>-</del>		
	MI FL 33132				<u> </u>	
			84 City		FL 85 Zip Co	ode
11Pursuant	to the provisions of Sections 607:0502	and 607:1508, Florida Statutes,	the:above-named:corp	oration submits this statement for the pu	rpose of changing its re	egistered≔ ≘
	registered exect or both in the State of	f Elorida. Such channa was autho	orized by the corporation	on's board of directors. I hereby accept t	he appointment as regi	isterea
office or r	m familiar with, and accept the obligation	ons of Section 607 0505 Florida	Statutes.	, , ,	-	1
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes.	,		
office or reagent. I a	egistered agent, or both, in the State of im familiar with, and accept the obligation of segistered agent.	ons of, Section 607.0505, Florida	Statutes.	d when reinstating)	DATE	
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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 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, with all other like empowered.

SIGNATURE:

