

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90002 049 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P970000188531

1. Corporation Name

ALL ARC ENTERPRISES INCORPORATED

Principal Place of Business

1071 NW 38TH ST
MIAMI FL 33127

Mailing Address

1071 NW 38TH ST
MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

65-0733757

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 owes the current year
Intangible Personal Property.



Yes



No

2. Principal Place of Business

21 **13886 SW 90th Avenue**

Suite, Apt. #, etc.

22 **HH-211**

City & State

23 **Miami, FL**

Zip

24 **33176**

Country

25 **USA**

2a. Mailing Address

26 **16039 SW 155th Ct.**

Suite, Apt. #, etc.

27 **HH-211**

City & State

28 **Miami, FL**

Zip

29 **33187**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**ARCHIBALD, KENROY
1071 NW 38TH ST
MIAMI FL 33127**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

16039 SW 155th Ct.

83

84 City

Miami

FL

85 Zip Code

33187

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **ARCHIBALD, MYSHJUA**

STREET ADDRESS **1071 NW 38TH ST**

CITY-ST-ZIP **MIAMI FL 33127**

TITLE **V** ☐ DELETE

NAME **ARCHIBALD, KENROY**

STREET ADDRESS **1071 NW 38TH ST**

CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP



Change



Addition

**16039 SW 155th Ct
Miami, FL 33187**



Change



Addition

**16039 SW 155th Ct.
Miami, FL 33187**



Change



Addition



Change



Addition



Change



Addition



Change



Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MYSHJUA ARCHIBALD 8/11/99 305 9714702

CR2E034 (5/99)

0060556