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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000022628

ARAN CORPORATION

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90088 019 ***150.00



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Principal Place	of Business	Mailing Address			_	1 10011001110 10111 10111 10111 0011	46		1/80/ (8// 189/
9512 SOUTHWEST 148 AVENUE. CIRCLE E 9512 SOUTHWEST 148 AVENU MIAMI FL 33196 MIAMI FL 33196			enue. Cir	UE. CIRCLE E		DO NOT WRE	TE IN THIS	SPACE	
						Date Incorporated or Qualifed			
						3/12/1997		(1.	
Principal Place of Business 2a. Mailing Address				-		El Number		+-	plied For t Applicable
Suite, Apt.	# ala	26 Suite, Apt. #, etc.				5-0735079		\$8.75	
22	#, e tc.	27 Suite, Apr. #, etc.			5. 0	Certifcate of Status Desired		Fee Re	
City & State	9	City & State			6, E	lection Campaign Financing		\$5.00	May Be
23		28				rust Fund Contribution	Ц	Added t	
Zip	Country	Zip	Cour	ntry		his corporation owes the curr	ent year Inta		No
24	25	29	30			Personal Property Tax.	\!-ta	Yes	No
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. 1	lame and Address of New R	registered /	Agent	
GILL	, KEVIN			o i Name				٠,	
9512 S.W. 148TH AVE. CIRCLE E				82 Street Ac	ddress (P.0	D. Box Number is Not Accepta	ible)		
			-	83					 '
MIAN	AI FL 33196				· .	· · · · · · · · · · · · · · · · · · ·] m: /	
	,			84 City			FL	85 Zip (Jode
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the ab	ove-named co	orporation :	submits this statement for the	purpose of	changing its	registered
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the 314 m familiar with, and accept the gori	te of Florida. Such change was a gations of, Section 607.0505, Flo	authorized orida Statu	by the corporates.	ation's boa	rd of directors, I hereby accep	the appoir	numeni as re	gistered
SIGNATURE	- HW	•					01	11519	9
	Signature, typed or printed name of registered a			Agent signature requ			DATE	7	100 111 10
12.	OFFICERS /	AND DIRECTORS	13.	1		stating) DDITIONS/CHANGES TO OF			
12.	PSTD OFFICERS A		13. 1.1 TIT	LE				D DIRECTO	DRS IN 12
12. TITLE NAME	PSTD GILL, KEVIN	AND DIRECTORS	13. 1.1 TITI 1.2 NAJ	LE ME					
12. TITLE NAME STREET ADDRESS	PSTD GILL, KEVIN 9512 SOUTHWEST 148 AVE	AND DIRECTORS	13. 1.1 TITI 1.2 NAJ 1.3 STF	LE ME REET ADDRESS					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GILL, KEVIN	AND DIRECTORS	13. 1.1 TITI 1.2 NAJ 1.3 STF	LE ME REET ADDRESS Y-ST-ZIP					
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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 secenter 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:

305 607 2768