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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000023844

FILED Feb 13, 1999 8:00am **Secretary of State**

02-13-1999 90016 031 ***150.00

ARIES A	UTO SERVICE INC.										
Principal Place	of Business	Mailing Address			\neg	4 10011001 110 13111		1 48511 BBJ18 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1911 SEST (201	
Principal Place of Business Mailing Address 1970 NW 32 ST POMPANO BEACH FL 33064 POMPANO BEACH FL 33064			ı			11 0 0 1 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NOT WRIT	E IN THIS	SPACE		
						. Date Incorporated of 03/10/1997					
2. Principal Pl	lace of Business	2a. Mailing Address 26			4.	FEI Number 65-0732185			Not	Applicable	035050
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certifcate of Status			\$8.75 A Fee Rec	quired	-
City & State		City & State				Election Campaign Trust Fund Contribu	ution		Added to	May Be to Fees	
Zip	Country 25	1=-1	Country 30	y 	1	Personal Property	Гах.		Yes	□No	
	9. Name and Address of Curre	ent Registered Agent			10). Name and Addres	S OT NEW K	egistered	Agent		
. KEDI	KERIAN, DAVID		81			<u> </u>					
	NW 32 ST		82	2 Street Ac	dress ((P.O. Box Number is I					
	IPANO BEACH FL 33064		83	3		- 10 mm 10 m	3.1				
1			84	4 City				FL	85 Zip C		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	es, the above	ve-named co	orporation	on submits this staten	nent for the	purpose of	changing its	registered histered	
	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag	gent and title If applicable. (NOTE:	Registered Age	ent signature requ	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE	ID DIRECTO	RS IN 12	1/00)
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	gations of, Section 607.0505, Flor	Registered Age 13. 1.1 TITLE	ent signature requ	ation 3 t	n reinstating)		DATE FICERS AN			4-(44/00)
office or r agent. I a SIGNATURE	registered agent, or both, in the Stati im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	gent and title If applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature requ	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE	ID DIRECTO	RS IN 12	(00/14/00)
office or ragent. I a SIGNATURE 12. TIILE	egistered agent, or both, in the Stati im familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A D KERKERIAN, DAVID 22336 CALIBRE CT #607	gent and title If applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requirement	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	ID DIRECTO	RS IN 12	25034:(44/08)
office or ragent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the Stati im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	gent and title if applicable. (NOTE: OND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requirement signature requirem	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	ID DIRECTO	RS IN 12	CD2E024 (44,09)
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stati im familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A D KERKERIAN, DAVID 22336 CALIBRE CT #607	gent and title If applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requirement signature requirem	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	ID DIRECTO	RS IN 12	CB2E024:(44/08)
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stati im familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A D KERKERIAN, DAVID 22336 CALIBRE CT #607	gent and title if applicable. (NOTE: OND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature requirement signature requirem	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	ID DIRECTO	RS IN 12	(807.74.000)
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stati im familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A D KERKERIAN, DAVID 22336 CALIBRE CT #607	gent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY-	ent signature requirement signature requirem	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	ID DIRECTO Change Change	RS IN 12 Addition	CDCC024:(44,000)
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stati im familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A D KERKERIAN, DAVID 22336 CALIBRE CT #607	gent and title if applicable. (NOTE: OND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE	ent signature requirement signature requirem	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	ID DIRECTO	RS IN 12	V00/14/1000
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	egistered agent, or both, in the Stati im familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A D KERKERIAN, DAVID 22336 CALIBRE CT #607	gent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ent signature requirement signature requirem	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	ID DIRECTO Change Change	RS IN 12 Addition	CB2E034:(41,08)
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ago OFFICERS A D KERKERIAN, DAVID 22336 CALIBRE CT #607 BOCA RATON FL 33433	gent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ent signature requirement signature requirem	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	ID DIRECTO Change Change	RS IN 12 Addition	(44/08)
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ago OFFICERS A D KERKERIAN, DAVID 22336 CALIBRE CT #607 BOCA RATON FL 33433	gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY	ent signature requirement signature requirem	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	DDIRECTO Change Change	RS IN 12 Addition	(44,00)
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME, STREET ADDRESS CITY-ST-ZIP TITLE NAME, STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ago OFFICERS A D KERKERIAN, DAVID 22336 CALIBRE CT #607 BOCA RATON FL 33433	gent and title if applicable. (NOTE: AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE	ent signature requirement signature requirem	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	DDIRECTO Change Change	RS IN 12 Addition Addition	(44,09)
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME, STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ago OFFICERS A D KERKERIAN, DAVID 22336 CALIBRE CT #607 BOCA RATON FL 33433	gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME	ent signature requirement signature requirem	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	DDIRECTO Change Change	RS IN 12 Addition Addition	(00/44/000)
office or ragent. I a signature. 12. Time name street address city-st-zip time name street address city-st-zip time name. Street address city-st-zip time name. Street address city-st-zip time name street address city-st-zip time name street address street addr	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ago OFFICERS A D KERKERIAN, DAVID 22336 CALIBRE CT #607 BOCA RATON FL 33433	gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE	ent signature requirement signature requirem	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	DDIRECTO Change Change	RS IN 12 Addition Addition	ODDE004 (44,000)
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ago OFFICERS A D KERKERIAN, DAVID 22336 CALIBRE CT #607 BOCA RATON FL 33433	gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY-	ent signature requirement signature requirem	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	DDIRECTO Change Change	RS IN 12 Addition Addition	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
office or ragent. I a signature. 12. Title name street address city-st-zip title name. Street address city-st-zip title name. Street address city-st-zip title name. Street address city-st-zip title name street address city-st-zip title name.	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ago OFFICERS A D KERKERIAN, DAVID 22336 CALIBRE CT #607 BOCA RATON FL 33433	gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE	ent signature requirement signature requirem	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	(80,00), 100,000
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered agency of the oblig OFFICERS A D KERKERIAN, DAVID 22336 CALIBRE CT #607 BOCA RATON FL 33433	gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME	ent signature requirement signature requirem	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	(90/14)://000000
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered agency of the oblig OFFICERS A D KERKERIAN, DAVID 22336 CALIBRE CT #607 BOCA RATON FL 33433	gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME	ent signature requirement signature requirem	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition Addition	(44 /00)
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered agency of the oblig OFFICERS A D KERKERIAN, DAVID 22336 CALIBRE CT #607 BOCA RATON FL 33433	gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE	ent signature requirement signature requirem	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	(00) NA - NOOLOGO
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered agency of the Communication of t	gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY- 5.1 TITLE 5.3 STRE 5.4 CITY- 5.1 TITLE 5.3 STRE 5.4 CITY- 5.1 TITLE 5.3 STRE 5.4 CITY-	ent signature requirement signature requirem	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	D DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition	(80/14)/1603630
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D KERKERIAN, DAVID 22336 CALIBRE CT #607 BOCA RATON FL 33433	gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE 6.2 NAMI	ent signature requirement signature requirem	ation 3 t	n reinstating) ADDITIONS/CHANG		DATE FICERS AN	D DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition	(00/14)-16000600

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 a 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. CITY-ST-ZIP

SIGNATURE:

HRED OF SIGNING OFFICER OR DIRECTOR