

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90053 030 ***150.00

DOCUMENT # P97000023922

1. Corporation Name
ARISMEL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1585 S.W. 116TH AVENUE
PEMBROKE PINES FL 33025
3660 NE 166 ST #501
NORTH MIAMI BEACH, FL 33160

Mailing Address
1585 S.W. 116TH AVENUE
PEMBROKE PINES FL 33025
3660 NE 166 ST #501
NORTH MIAMI BEACH, FL 33160

2. Principal Place of Business
21 3660 NE 166 ST.
Suite, Apt. #, etc.
22 501
City & State
23 NORTH MIAMI BEACH, FL
Zip
24 33160 Country
25 USA

2a. Mailing Address
26 3660 NE 166 ST.
Suite, Apt. #, etc.
27 501
City & State
28 NORTH MIAMI BEACH, FL
Zip
29 33160 Country
30 USA

3. Date Incorporated or Qualified
03/17/1997
4. FEI Number
65-0745387
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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROTH, LEONARDO A
9350 SOUTH DIXIE HWY, PH2
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
ARISTIA, GUSTAVO
1585 S.W. 116TH AVENUE
PEMBROKE PINES FL 33025
3660 NE 166 ST #501
NORTH MIAMI BEACH
33160
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)