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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000034460 (0)

ARIEL VENTURES, INC.

Principal Place of Business		
P.O. BOX 402624 MIAMI BEACH FL 33140	P.O. BOX 402624 MIAMI BEACH FL 33140	
		3. Date Inc 04/16/
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Num
Suite, Apt #, etc	Suite, Apt. #, etc	5. Certifica
City & State	City & State	

FILED Feb 10 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address				n samsadr ssa sanst fætet aktiv aktiv galli kallað tilli állatt ælkið dilkti dálli íðat.	
P.O. BOX 402624 MIAMI BEACH FL 33140		P.O. BOX 402624 MIAMI BEACH FL 3314					
WIIAMI DEACH	172 33140	MINMI DENOTI PL 3314	J			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						04/16/1997	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26	-			65-0744404 / Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc				\$9.75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & State	9	City & State			•••	6. Election Campaign Financing \$5.00 May Be	
28					Trust Fund Contribution Added to Fees		
Zip	Country	Zipi Cour		try		8. This corporation owes or has paid the current year Intangible	
24	25	29 30				Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent	
l BUI	RNHILL, LAUREN]1	B1	Name		
1	O COLLINS AVE		h.	B2	Chanta	description of the state of the	
48#]'	82	Street At	ddress (P.O. Box Number is Not Acceptable)	
MIAMI BEACH FL 33140		i la	33				
* ****	an distorri e corre		L				
₹			-	94	City	85 Zip Code	
11 Purcuant	to the provisions of Sections 607 (9.02	and 607 1509 Florida Stat	ulos tho ab		nomada	orporation submits this statement for the purpose of changing its registered	
I office of re	egisterea agent, or both, in the state a	n Florida, Such change was	s authorized:	Đ٧	ine corpo	pration's board of directors. I hereby accept the appointment as registered	
agent. La	m familiar with, and accept the obliga	tions of, Section 607.0505, F	Florida Statu	tes		• • • • • •	
SIGNATURE	Signature, typed or profed name of registered agen						
12.	OFFICERS AND		13.	Ager	it signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D, P	DELETE	1.1 1111	<u> </u>			
NAME	BURNHILL, LAUREN						
1	P.O. BOX 402624		1.2 NAN			BURNHILL, LAUREN ART BE	
STREET ADDRESS					ADDRESS 2	5600 COLLINS AVE, APT B-F MIAMI BEACH, FL 33140	
CITY-ST-ZIP	MIAMI BEACH FL 33140	Distriction	1.4 CITY		- ZIP	MIAMI BEACH, FL 33140	
TITLE		☐ DELETE	2.1 TITL			Change Addition	
NAME			2 2 NAN	1E			
STREET ADDRESS			23 STA	EET /	ADDRESS		
CITY-ST-ZIP			2. 4 C(T		Γ-ZiP		
TITLE		DELETE	3.1 TITL	E		☐ Change ☐ Addition	
NAME			3.2 NAM	RE			
STREET ADDRESS			3.3 STR	EET /	ADDRESS		
CITY-ST-ZIP			3 4. CIT	Y - S1	r-zip		
THLE	=	DELETE	4.1 TITL	E		Change Addition	
NAME			4. 2 NA	ΛE			
STREET ADDRESS			4.3 STR	EET /	ADDRESS		
CITY-ST-ZIP			4.4 CITY				
THLE		DELETE	5.1 TITE			Change Addition	
NAME			5.2 NAM				
STREET ADDRESS					ADDRESS		
CITY - ST - ZIP							
TITLE			5.4 GITY 6.1 TITL		- ZIP	☐ Change ☐ Addition	
NAME			. I		J	C comings C wonder	
' -			6.2 NAM				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			6 4 CITY	- 51	-ZIP		

14. Thereby 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 employment of the 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.