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FILED

Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000034986 (4)

1. Corporation Name

ARO OF AMERICA, INC.

Principal Place of Business

1846 MOORING LINE DRIVE
VERO BEACH FL 32963

Mailing Address

1846 MOORING LINE DRIVE
VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1997

4. FEI Number

65-0749381

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 547 SAW MILL RIVER RD

Suite, Apt. #, etc.

22 P.O. Box 710

City & State

23 AROSLEY N.Y.

Zip

24 10502

Country

25 USA

2a. Mailing Address

26 547 SAW MILL RIVER RD

Suite, Apt. #, etc.

27 P.O. Box 710

City & State

28 AROSLEY N.Y.

Zip

29 10502

Country

30 USA

9. Name and Address of Current Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent

81 Name

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

23123 S.R. #7

83 Suite 350B

84 City Boca Raton

FL

85 Zip Code

33422

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]

Signature, name and address of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME RUOTOLO, GAVIN
STREET ADDRESS 1846 MOORING LINE DR
CITY-ST-ZIP VERO BEACH FL 32963

TITLE D ☒ DELETE

NAME TUTUNARU, CATALIN
STREET ADDRESS #906, 135 PORTLAND AVENUE
CITY-ST-ZIP OLD ORCHARD BEACH ME 04064

TITLE D ☒ DELETE

NAME FRANCU, COSTIN
STREET ADDRESS 7 NOCOLAE, BALCEFCU BLVD.
CITY-ST-ZIP BUCHAREST, ROMANIA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME ELIAT LEV
1.3 STREET ADDRESS 547 SAW MILL RIVER RD.
1.4 CITY-ST-ZIP AROSLEY N.Y. 10502

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

[Signature] 3/31/98

914-683-0300

CR2E034 (10/97)