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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000060310 (4)

ARCOBALENO KEY WEST, INC.

FILED Feb 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 917 DUVAL STREET KEY WEST FL 33040 917 DUVAL STREET KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/10/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0774396 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \quad No Country Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KRUER, WAYNE ESO **600 WHITEHEAD STREET** 82 Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 84 Zip Code 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 (NOTC: Registered Agent a greature required when reinstaling) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE 1.1 TILLE Change Addition TITLE BLANCO, JEAN-PIERRE Bianco Catherine 1.2 NAME NAME 1202 ROYAL ST. 2601 S ROOSEVELT BLVD STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL 33040 'ey west fl 38040 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZiP 4.4 C(TY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY - ST - ZiP 5.4 CITY - ST - 7IP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 corps attorn 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 charged, or on an attachment with an address.

S. S. Santa

Sean Row Blower

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