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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000061854 (0)

ARON DEVELOPMENT, CORP.

*	
Principal Place of Business	Mailing Address
187 N.E. 6TH COURT DAMA FL 33004	19495 BISCAYNE BLVD STE. #705 ADVENTURA FL 33180

FILED Mar 26 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address							***************************************			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ir W 101 1041	
187 N.E. 6TH COURT 19495 BISCAYNE BLVD STE. #705												
DANIA FL 33004 ADVENTURA FL 3310								DO NOT WRITE IN THIS SPACE				
								3. Date Incorporate	d or Qualified			
								07/15/1997				
2. Principal P	lace of Busi	noss	2a. Mailing	Address				4. FEI Number			Ap	plied For
21			26					65010 80	170		No	t Applicable
Suite, Apt.	#, etc.		Suite, Ap	ot. #, etc.				5. Certificate of Stat	us Desired		\$8.75	
22			27					J. Continuate of Gran			Fee Re	equired
City & State	e		City & St		`_			6. Election Campaig	-		\$5.00	
23		Country	28 / \ Zip	1entur	Count	+1	<u></u>	Trust Fund Contri		<u> </u>	Added t	
Zip		Country	→ ` · · · · · · · · · · · · · · · · · ·	<u> </u>	_	ır y		8. This corporation of Personal Property		-		angible] No
24	G Nami	25 and Address of Current	29 Registered Age		10			10. Name and Addre			_	7 140
ODI			Tiograms Fig.		8	1 1	Name		-			
	ICKELL, JII				L			<u> </u>	snickel		<u> </u>	
19495 BISCAYNE BLVD., STE. #705 ADVENTURA FL 33180					a	12 5	Street Addre	ess (P.O. Box Number is	s Not Accepta	gnje)		1
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					L.	Д.						
					8	44 (City A	entura		FL	85 Zip (Code
11. Pursuant	to the provis	sions of Sections 607.0502	and 607.1508, f	Florida Štatutes	, the abo	ve-n	amed corpo	ration submits this stat	ement for the	purpose of	changing it	s registered
office or re	egistered a	gent, or both, in the State of ith, and accept the obligation	of Florida. Such e ions of Section	change was au 607 0505, Flori	thorized da Statut	by th	ne corporatio	on's board of directors.	I hereby acci	ept the app	ointment as	registered
•		in and dooopt the obliga	ionio on occiron									
SIGNATŪRE	Signature, type:	or printed name of registered agen	and tille if applicable.	(NOTE: I	Registered A	gents	signature required	d when reinstating)		DATE		
12.		OFFICERS AND			13.			ADDITIONS/CHAN	IGES TO OFF	ICERS AND		
TITLE			L	DELETE	1.1 TITLE	=	1	President	•		☐ Change	Addition
NAME					1.2 NAM	E		with Aron	l. mark			
STREET ADDRESS					1.3 STRE	ET AD	ORESS (83 NE Pa	·CT.			
CITY-ST-ZIP					1.4 CITY	- ST - Z	ZIP D	ania FL	33004			
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CITY-ST-ZIP					6.4 CITY	-ST-Z	PIP					

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.