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 #

P97000066221 (7)

ARIEL WOOD DESIGN, INC.

* ,		
Principal Place of Business	Mailing Address	
3600 PALM AVENUE " UNIT 115 HIALEAH FL 33012	3800 PALM AVENUE UNIT 115 HIALEAH FL 33012	

FILED May 22 1998 8:00am Secretary of State



3800 PALM (UNIT 115 HIALEAH FL		3600 PALM AVENUE UNIT 115 HIALEAH FL 33012			DO NOT WRITE IN THE 3. Date incorporated or Qualified 07/31/1997	S SPACE	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 274	2 N.W. 35 STREET	26 SAME			65-0771073	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23 Mi A	Mi, FL Country	28	T 0		Trust Fund Contribution	Added to Fees	
24 331	42 25	Ζιρ [29]	Country 30		This corporation owes or has paid the c Personal Property Tax due June 30.	I Yes □ No	
<u> </u>	Name and Address of Current i	Registered Agent		 	10. Name and Address of New Registere	d Agent	
34	MERILAWYER CHARTERED 3 ALMERIA AVENUE DRAL GABLES FL 33134		81 82 83 84	Street Add	HRIEL HERNANDE dress (P.O. Bax Number is Not Acceptable) 800 HLM AUE UNIT	85 Zin Code	
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. Samplehange 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 protect amin of a greatest super a	and the distant time (NC)	U : Rog stored And	ent sionature ren	Jired when reinstating) DATE	4- 2-8	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PTD	DELETE	1.1 TITLE			☐ Change ☐ Addition ♀	
NAME	HERNANDEZ, ARIEL		12 NAME			3	
STREET ADDRESS	3800 PALM AVE, UNIT 115		1.3 STREET	ADDRESS		Į	
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY - S	1 - ZIP		200	
TITLE	VS D	☐ DELETE	21 TITLE			☐ Change ☐ Addition C	
NAME	GONZALEZ, MICHELL		2 2 NAME				
STREET ADDRESS	38 00 PALM AVE, UNIT 115		2.3 \$TREE1	ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33012		2. 4 CITY-5	31 - ZIP			
TITLE		[_] DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS		•	
CITY-ST-ZIP		DECETE	3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S 5.1 TITLE	r-zip		Change Addition	
NAME		ובן הננונ				Change Addition	
			5.2 NAME	1000000			
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	I-ZIP		Change Addition	
NAME		C Mille				L Change L Addition	
STREET ADDRESS			6.2 NAME	ADDRESS			
CITY-ST-ZIP			6.3 STREET				
OUT - OT - TIL			6.4 CITY-S	1-61P			

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 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.