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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000066436

1. Corporation Name

ARCEE LATHING, INC.

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90061 016 \*\*\*150.00



Principal Place		Mailing Address			I (ABURE) 1/8 (B))) (B))) B)() AB	*** ***** * * * * * *	# [ 11 # # 11 11 # 1 # 1 # 1 # 1 # 1 # 1	a ittia aitt aat
6295 SW 29 STREET		6295 SW 29 STREET						
MIAMI FL 33155		MIAMI FL 33155			DO NOT WELL	EE IN TUIO	ODACE	
					DO NOT WRI	E IN IMIS	SPACE	<del></del> -
					3. Date Incorporated or Qualifed 07/31/1997			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			plied For
21		26			65-0795811			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	,
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added 1	to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the curr	ent year Int	angible	<b>✓</b>
24	25		0		Personal Property Tax.		Yes	. No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New F	Registered	Agent	
CAD	DONELL DODEDT		81	Name				
	Bonell, Robert 5 SW 29 Street		82	Street Ac	dress (P.O. Box Number is Not Accepta	ible)		
			<u> </u>				·	[
MIAN	VII FL 33155		83	3				
			84	City -		FL	85 Zip (	Code
44 0	to the annual of Continue 607 050	22 and 607 1509. Elorido Statutos	the abov	(a named co	rporation submits this statement for the		changing its	registered
office or re	egistered agent, or both, in the State	of Florida. Such change was aut	horized by	/ the corpora	ation's board of directors. I hereby accep	t the appoi	ntment as re	gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statute	S.				1
SIGNATURE		AIOTE P	anistared Age	ent clanature con	sired when rainstature)	DATE		
	Signature, typed or printed name of registered age		<del></del>	ent signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AN	ID DIRECTO	
12.	OFFICERS AN	ND DIRECTORS	13.	ant signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OF		D DIRECTO	DRS IN 12
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARBONELL, ROBERT	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ET ADDRESS				
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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 splenged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-/2-99 Date Daytime Phone #