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

**PROFIT** CORPORATION ANNUAL REPORT

1999

**DOCUMENT #** 



P98000056937

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90124 045 \*\*\*150.00

AMERIPA	ARK DEVELOPMENT CORP.								
Principal Place	e of Business	Mailing Address				(841408)     (841408)		0100 11	
777 BRICKELL AVENUE. SUITE 1070 777 BRICKELL AVENUE. SUIT MIAMI FL 33131 MIAMI FL 33131			E 1070			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						06/24/1998			
2. Principal Pi	Jace of Business	2a, Mailing Address				4. FEI Number	x	Appl	lied For
21		26					1	Not.	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	e			6. Election Campaign Financing	\$5.0	)O N	lay Be	
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	у		8. This corporation owes the current year		_	_
24	25	29 30				Personal Property Tax. Yes No			_lNo
	9. Name and Address of Current	Registered Agent	81			10. Name and Address of New Register	ed Agent		
				1	Name				
MONTELLO, LOUIS R 777 BRICKELL AVENUE, SUITE 1070			82	+	Street Addre	ldress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33131			83	ţ			<del></del>		
			84	+	City	FL 85 Zip Code			ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				L				ita -	agistarad
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auff	ionzed by	/ th	ne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as	s regi	stered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Ro	egistered Age	ent s	signature required	d when reinstating) DATE			
12.	OFFICERS AND		13.		,	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	CTOR	S IN 12
TITLE				1.1 TITLE			Chan		☐ Addition
NAME	<b>_</b>			1.2 NAME					
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP				ST-2	ZIP				
TITLE	D M4W3R8 DELETE 2.						☐ Chan	ge	☐ Addition
NAME	McMehen, J. Gordon								'
STREET ADDRESS	) and			EΤΑ	ADDRESS				
CITY-ST-ZIP	Ste. 603, Toronto, Ontario, Canada			ST-	-ZIP				<u> </u>
TITLE	M4W3R8 ☐ DELETE						☐ Chan	ge	Addition
NAME	O71CW#11			3.2 NAME					,
STREET ADDRESS			3.3 STREE	ET A	ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-	-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Chan	ige	☐ Addition
NAME	}		4.2 NAME						ļ
STREET ADDRESS			4.3 STREE	ET A	ADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-	ZIP				
TITLE		☐ DELETE	5.1 TITLE				Chan	ige	Addition
NAME			5.2 NAME						ļ
STREET ADORESS			5.3 STREE		}				
CITY-ST-ZIP			5.4 CITY-S		ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Chan	ige	☐ Addition
NAME			6.2 NAME						ļ
STREET ADDRESS			6.3 STREE	ET A	ADDRESS				

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR