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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000065093

1. Corporation Name

AR-B BUILDING CORP.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90088 035 ***150.00



Principal Place	e of Business	Mailing Add	ress				1 18911991 118 11				
11324 NW 15TH CT.		11324 NW 15TH CT.				1					
PEMBROKE PINES FL 33026		PEMBROKE PINES FL 33026			Į	DO NOT WRITE IN THIS SPACE					
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							3. Date Incorporate 07/22/1998	o or Quamed			
2. Principal Pl	lace of Business	2a. Mailing	Address				4. FEI Number		.		pplied For
21		26					65-08	53/			ot Applicable
Suite, Apt.	#, etc.	<i>-</i> , Н	ot. #, etc.		~	_ _	5. Certifcate of Stat	us Desired -			Additional equired
22		27									
City & State	0	City & S	tate				6. Election Campaig	-			May Be to Fees
23	0	28		Countr		 }	Trust Fund Contr				to rees
Zip Country		├ ── `	Zip Country				This corporation Personal Propert		ent year inta	angible □Yes	□No
24	9. Name and Address of Curren	29		اق			0. Name and Addr		Registered /		
	9. Name and Address of Curren	Kadistelen Wa		81	Name		o. Italia dia ziaa.		<u></u>		
BUC	CI, ARTHUR										
	4 NW 15TH CT.		82	Street	Address	dress (P.O. Box Number is Not Acceptable)					
1	BROKE PINES FL 33026			83							
			,								
	•			84	City				FL	85 Zip	Code
44	to the provisions of Sections 607.050	2 and 607 1508	Florida Statutes	the abov	e-named	comorai	ion submits this stat	ement for the	numose of	! changing it:	s registered
11. Pursuant	egistered agent, or both, in the State :	of Florida: Such (change was autr	10rizea DV	the corpo	oration's	board of directors. I	hereby accep	the appoir	ntment as r	egistered
office or r											
agent. I a	m familiar with, and accept the obligation	tions of, Section (607.0505, Florid	a Statutes	i.]
agent. I a	m familiar with, and accept the obligate	tions of, Section (607.0505, Florid		i.	required who	en reinstatino)		DATE		
agent. I a	m familiar with, and accept the obligation of the obligation of the state of the obligation of the obl	tions of, Section (607.0505, Florid	egistered Age	i.	required who	en reinstating) ADDITIONS/CHAI	NGES TO OF	DATE FICERS AN	D DIRECT	
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agent. I all SIGNATURE 12.	m familiar with, and accept the obligation of registered agent of the control of	tions of, Section of and title if applicable.	607.0505, Florid	egistered Age	i.	required whe		NGES TO OF			ORS IN 12
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

954436-1417