

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90004 003 \*\*\*150.00

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|--|---|---|

DOCUMENT # **P98000074898**

1. Corporation Name  
**ARABESQUES, INC.**



Principal Place of Business  
**2789 COACOOCHIEE ST.**  
**MIAMI FL 33133**

Mailing Address  
**2789 COACOOCHIEE ST.**  
**MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/27/1998**

4. FEI Number

**65-0859583**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00 May Be Added to Fees**8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
**21 3300 RICE STREET**  
 Suite, Apt. #, etc.  
**22 3**  
 City & State  
**23 Coconut Grove, FL**  
 Zip  
**24 33133** Country  
**25 USA**

2a. Mailing Address  
**26 3300 Rice Street**  
 Suite, Apt. #, etc.  
**27 3**  
 City & State  
**28 Coconut Grove, FL**  
 Zip  
**29 33133** Country  
**30 USA**

9. Name and Address of Current Registered Agent

**JOHNSON, ETHAN W ESQ.**  
**5300 FIRST UNION FINANCIAL CENTER**  
**200 S. BISCAYNE BLVD.**  
**MIAMI FL 33131-2339**

10. Name and Address of New Registered Agent

**81 Name Peggy Armand**  
**82 Street Address (P.O. Box Number is Not Acceptable) 3300 Rice Street**  
**83 Suite 3**  
**84 City Coconut Grove FL** **85 Zip Code 33133**

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. Such change 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 printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE D** ☐ DELETE  
**NAME ARMAND, PEGGY**  
**STREET ADDRESS 2789 COACOOCHIEE ST.**  
**CITY-ST-ZIP MIAMI FL 33133**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE Director, President** ☒ Change ☐ Addition  
**1.2 NAME ARMAND, PEGGY**  
**1.3 STREET ADDRESS 3300 Rice Street, Suite 3**  
**1.4 CITY-ST-ZIP Coconut Grove, FL 33133**

**2.1 TITLE** ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**3.1 TITLE** ☐ Change ☐ Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**4.1 TITLE** ☐ Change ☐ Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-8-99** **(305) 448-2606**

CR2E034 (11/98)