

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90289 040 ***150.00

DOCUMENT # P98000092079

1. Corporation Name
ARIUM GALLERIES INCORPORATED



Principal Place of Business
7770 WEST 34TH LANE, #202
HIALEAH FL 33018

Mailing Address
7770 WEST 34TH LANE, #202
HIALEAH FL 33018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/29/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0871680

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD, #211
PALM BEACH GARDENS FL 33418

81 Name Arum Galleries Incorporated
82 Street Address (P.O. Box Number is Not Acceptable)
7380 West 20th Avenue # 112
83
84 City Hialeah FL 85 Zip Code 33016

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 Maria C. Leon, as Vice President of Arum Galleries Incorporated 02/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ARIAS, ARMANDO
STREET ADDRESS 7770 WEST 34TH LANE, #202
CITY-ST-ZIP HIALEAH FL 33018

1.1 TITLE D, Secretary, Vice President ☒ Change ☐ Addition
1.2 NAME Maria Cecilia Leon
1.3 STREET ADDRESS 7770 West 34th lane #202
1.4 CITY-ST-ZIP Hialeah, FL 33018

TITLE D ☒ DELETE
NAME CECILIA NAYA, MARIA
STREET ADDRESS 7770 WEST 34TH LANE, #202
CITY-ST-ZIP HIALEAH FL 33018

2.1 TITLE D, President, Treasurer ☒ Change ☐ Addition
2.2 NAME Armando Arias
2.3 STREET ADDRESS 7770 West 34th lane #202
2.4 CITY-ST-ZIP Hialeah, FL 33018

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Maria C. Leon **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/99
Date

(305) 962-0773
Daytime Phone #

CR2E034 (11/98)