


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90236 029 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000099995

1. Corporation Name

ARCISS ENTERPRISES, INCORPORATED

Principal Place of Business 8401 S.W. 107TH AVENUE SUITE E 348 MIAMI FL 33173	Mailing Address 8401 S.W. 107TH AVENUE SUITE E 348 MIAMI FL 33173
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1998

4. FEI Number

65-090-3538

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 2220 NE 2nd Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 2220 NE 2nd Ave
Suite, Apt. #, etc.

23 City & State
Miami FL
Zip 33137 Country

28 City & State
Miami, FL
Zip 33137 Country

9. Name and Address of Current Registered Agent

SINGLETON, RICHARD
8401 S.W. 107TH AVENUE
SUITE E 348
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SINGLETON, RICHARD	
STREET ADDRESS	8401 S.W. 107TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Andrew Smith	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	1 Lincoln Place		
1.3 STREET ADDRESS	Brooklyn, NY		
1.4 CITY-ST-ZIP			
2.1 TITLE	D/V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Craig McKeune		
2.3 STREET ADDRESS	9230 SW 190th St		
2.4 CITY-ST-ZIP	Miami FL 33157		
3.1 TITLE	S/V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Kamini Chivloy		
3.3 STREET ADDRESS	9230 SW 190 St		
3.4 CITY-ST-ZIP	Miami, FL 33157		
4.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Richard Singleton		
4.3 STREET ADDRESS	8401 SW 107th Ave # 6348		
4.4 CITY-ST-ZIP	Miami FL 33173		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 #

4/21/99 (305) 576-1151

CR2E034 (11/98)