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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000105229 1. Corporation Name

ADENICO CORDODATION

AREXKO CORPORATION

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90049 038 ***150.00

Principal Plac	e of Business	Mailing Address					II AI SIBNI ABIDI	6 113 6 11 910 131	018 IBII 1881
10471 S.W. 17TI		10471 S.W. 17TH ST.	SW 17TH ST						
MIAMI FL 33165-7369		MIAMI FL 33165-7369							
						DO NOT WRITE	IN THIS SE	PACE	
						3. Date Incorporated or Qualifed			
						12/17/1998			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number 65-0885597		- 	plied For
21		26				03-0883331			t Applicable
Suite, Apt.	, #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22		27						Fee Re	`
City & Sta	te	City & State				6. Election Campaign Financing	3	\$5.00	•
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes the current		gible	¥5 _{No} [
24	25	29	30			Personal Property Tax.			
	9. Name and Address of Curre	nt Registered Agent		81	Mana	10. Name and Address of New Reg	isterea Ag	ent	
EEDA	NANDEZ, GUSTAVO		-	•	Name				ļ
			1	82	Street Addre	ss (P.O. Box Number is Not Acceptable	∍)		
10471 S.W. 17TH ST.				_					
MIAIM	11 FL 33165-7369			83					
			ŀ	84	City	-		85 Zip C	ode
					•		FL		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the ab	ove-	named corpo	ration submits this statement for the pur i's board of directors. I hereby accept the	rpose of cha	anging its i	registered iistered
office or a	registered agent, or both, in the State am familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statu	tes.	ie corporation	15 board of directors. Thereby absorpt to	то аррогии	40 .05	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	_								
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE	Registered	acot e	signature required	when reinstation)	DATE		
		six and also it applicable (****	, registorea i	Affair s					
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	OFFICERS AF						ERS AND	DIRECTO	RS IN 12
	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	£			ERS AND		
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14. I hereby certify that the information supplied with this filling 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

1/20/99

305-221-5997

Daytime Phone #

32E034 (11/98)