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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S12797

(4)

ARAMCO INVESTMENT CORP.

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## FILED Sep 09 1997 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address				-	OLDER STON BIONT EL			
1130 WASHINGTON AVE 7TH FLOOR MIAMI BEACH FL 33139 US		1130 WASHINGTON AVE 7TH FLOOR. C/O L. BACH MIAMI BEACH FL 33139-46 US	1130 Washington ave 7th Floor, C/O L. Bach esq Miami Beach Fl. 33139-4600			3. Date Incorporated or Qualified	3s. Date of	Last R	eporl	7
						11/15/1990	06/03/1			
	lace of Business	2a. Mailing Address			, <del> </del>	4. FEI Number		Ap	plied For	]
21	ш	26	·			65-0225843			t Applicable	_
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required				
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				Ì
Zip	Country	Zip				8. This corporation has liability for Intangible tax under s. 199.032,				1
24	25		30			Florida Statutes Yes 🕣 🗤				
	9. Name and Address of Curren	it Registered Agent		041		10. Name and Address of New Re	gistered Agen	<u>t</u> _		4
	DEDLER, CHRISTOF			B1	Name					l
11 ISLAND AVE STE 1708					Street Addres	ss (P.O. Box Number is Not Acceptat	ole)			1
MIAMI BEACH FL 33139			i	83						1
				84	City		85	Zip C	Code	4
					•		FL	'		_
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-national office or registered agent, or both, in the State of Florida, Such change was authorized by the agent. I am familiar with, and accept the soligations of Section 607 0505, Florida Statutes.					-named corpo the corporatio	rration submits this statement for the points board of directors. I hereby accept	ot the appoining	nging its nent as	s registered registered	
	Im rampiliar yorn, and accept the colling	arions of Section 607.0505, Flo	orium syai	iutes.			8/18/9	7		
SIGNATURE	Bignature, typed or printed name of registerer, age	ont and title in Applicable (NOTE	A gistere	Agon	nt signature required	d when reinstating)	ATE	<del>-/</del>		
12.		D DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFIC				≩ ـ
TITLE	PD CHOICE CHEICTOF	☐ DELETE	1.1 Tr					Change	Addition	Ş
NAME	KNOEDLER, CHRISTOF 11 ISLAND AVE STE 1706		1.2 N							Š
STREET ADDRESS	MIAMI BEACH FL				ADDRESS					į
CITY-ST-ZIP	VP+	DELETE	2.1 10	TY-ST	- 2117		П	Change	Acidition	-   원
NAME	RUDOLF, HOCHREITER		2.2 N							١
STREET ADDRESS	11 ISLAND AVE STE 1706				ADDRESS	•				
CITY-ST-ZIP	MIAMI BEACH FL		2.40	ITY-SI	r - ZIP	•				1
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NAME			3.2 N	AME						
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STREET ADDRESS				IKEET F ITY-ST	ADDRESS					
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NAME			5.2 N					<b>J</b> -		
STREET ADDRESS					ADDRESS					Ì
CITY-ST-ZIP				TY-ST	į į					
TITLE	7	☐ DELETE	6.1 Ti	····				Change	Addition	7
NAME			6.2 N	AME						
STREET ADDRESS			6.3 \$1	TREET A	ADDRESS					
CITY-ST-ZIP			6.4 CI	TY-ST	- ZIP					

14. I do 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 ennual tenorit 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 employered 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 all educes.