

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



DEPARTMENT OF STATE
Secretary of State
Division of Corporations

DOCUMENT # S25822

(5)

APPROVED
AND
FILED

96 FEB -6 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



ARIASCO TRADING INC.

Principal Place of Business

37-50 N. W. 28TH STREET
P. O. BOX 302
MIAMI FL 33142

Mail Address

37-50 N. W. 28TH STREET
P. O. BOX 302
MIAMI FL 33142

2. Principal Place of Business

2a. Mailing Address

21 State Agent

26 4545 N.W. 7 ST.,

22 City & State

SOUTH APT. Bldg.

23 Zip

27 SUITE 12

24 Country

28 MIAMI, FLORIDA

25

29 33126

30

U.S.A.

9. Name and Address of Current Registered Agent

ARIAS, JULIO
37-50 N. W. 28TH STREET
BAY #302
MIAMI FL 33142

3. Date Incorporated or Created
01/17/1991

3a. Date of Last Report
05/01/1995

4. FEIN Number
65-0238706

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Finance or
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This Corporation has liability for obligations for under s. 190.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
JOSE R. ARIAS
82 Street Address, P.O. Box Number, Not Applicable
2730 W. 61 PLACE, #107
83
84 City
HIALEAH
85 Zip Code
FL 33016

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation satisfies the statement for the purpose of changing its registered office as required by Chapter 607, Florida Statutes, and that the foregoing is true and correct. I am a duly authorized officer or director of the corporation and am empowered to execute this report as required by Chapter 607, Florida Statutes.

Signature of Officer or Director

12. ADDITIONAL REGISTERED AGENTS

NAME

ADDRESS

CITY & STATE

ZIP

NAME

ADDRESS

CITY & STATE

ZIP

NAME

ADDRESS

CITY & STATE

ZIP

NAME

ADDRESS

CITY & STATE

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CITY & STATE

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NAME

ADDRESS

CITY & STATE

ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY & STATE

5. ZIP

6. NAME

7. STREET ADDRESS

8. CITY & STATE

9. ZIP

10. NAME

11. STREET ADDRESS

12. CITY & STATE

13. ZIP

14. NAME

15. STREET ADDRESS

16. CITY & STATE

17. ZIP

18. NAME

19. STREET ADDRESS

20. CITY & STATE

21. ZIP

22. NAME

23. STREET ADDRESS

24. CITY & STATE

25. ZIP

26. NAME

27. STREET ADDRESS

28. CITY & STATE

29. ZIP

30. NAME

31. STREET ADDRESS

32. CITY & STATE

33. ZIP

34. NAME

35. STREET ADDRESS

36. CITY & STATE

37. ZIP

38. NAME

39. STREET ADDRESS

40. CITY & STATE

41. ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

633-8488

CR2E034 (12/95)