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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

S25822

(5)

ARIASCO TRADING INC.

FILED Apr 29 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address				I DEGLOSIO DED FLEDO OFICI DULLO DIBLO	ildi gibil gibil bibil i	YARK BIBIL MADIL INDI
3780 N.W.	28TH ST.	4545 N.W.7TH ST.	4545 N.W.7TH ST.					
BAY 206		SUITE 12	SUITE 12			DO NOT WIDITE IN THIS SPACE		
MIAMI FL 33142 MIAMI FL 33126					-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						01/17/1991		
2. Principal F	Place of Business	2a. Mailing Address			-	4. FEI Number		Applied For
21		26	26			65-0238706		Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	, , ,	75 Additional
22		27				5. Solilibate of States Boolies	Fe	ee Required
City & Stat	le	City & State				6. Election Campaign Financing		.00 May Be
Zip			Countr	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible			
24	25	├-¬ ` ┝	30	,		Personal Property Tax due June		□ No
<u></u>		Current Registered Agent	-91 			10. Name and Address of New Re		
	ARIAS, JOSE R		81	Name	,			
2730 W. 61 PLACE #107				2 Street	eet Address (P.O. Box Number is Not Acceptable)			
ŀ								
			83	3				
			84	City			85	Zip Code
		07.07.00		1			FL °5	des de sectotorial
11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08, 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. Fhereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Storetize tyred or printed notes of log stored agent and the 4 appealable (NOTE, Begistered Agent signature required when reinstating) DATE								
Signature: typed or printed name of registered injurit and title 4 appeliable (NOTE: Begister 12. OFFICERS AND DIRECTORS 13.				yent signatur	6 required	ADDITIONS/CHANGES TO OFFI		CTORS IN 12
TITLE	PTVS				T	ADDITIONO/OTANGEO TO OTT	Cha	
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<u>i i (1</u>			3.3 STREET ADDRESS					
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NAME			6.2 NAME					
STREET ADDRESS			6 3 STREE	T ADDRESS				j
CITY-ST-ZIP			6.4 CITY-				(4	-1.44 - 1.45 - 1.45
14. I hereby	certify that the information sup	oplied with this filing does not qualify for	the exem	ption stat	ied in Se	ection 119.07(3)(i), Florida Statutes.	i turther certify that if made under oa:	at the information

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of 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 pragged in on an attachment with an address.

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