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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$45416

(2)

FILED Apr 02 1997 8:00am Secretary of State

1. Corporation Name LOS ARRIEROS, INC. Principal Place of Business 6521 SW 8 ST. MIAMI FL 33144 MIAMI FL 33144 MIAMI FL 33144								
					3. Date Incorporated or Qualifier 04/16/1991		ate of Last R 01/1996	eport
<u> </u>	Pace of Business	2a. Mailing Addre	ess		4. FEI Number			plied For
Suite, Ar	of # atc	26 Suite, Apt. #,	etc		65-0276683		\$8.75	t Applicable
2	or. 7, 010	27	0.0.		5. Certificate of Status Desired		Fee Re	
City & SI	late	City & State		**************************************	6. Election Campaign Financing	·	\$5.00	May Be
7.0	Country	28		unter.	Trust Fund Contribution		Added	
Ζιρ 4]	Country 25	Zip	30	untry	 This corporation has liability f Florida Statutes 	or intengible Yes		. 199.032,
<u> </u>	9. Name and Address of Cur		[30]	1	10. Name and Address of New			
TEJADA, MARIASOL				81 Name				
355 NW 72 AVE., APT #309				82 Street Add	ress (P.O. Box Number is Not Accep	table)	······································	
M	IAMI FL 33126			83				
				63				
				84 City		FL	85 Zip (Code
agent	or registered agent, or both, in the St Lam familiar with, and accept the ob	oligations of, Section 607.0	0505 Florida Sta	alutes	monto board of directors. Filotopy do	copi in app	ontinent as	registered
SIGNATURI	E. Signature, Typed or proceed harmonal registered	agent and title if applicable.		ed Agent signature requi		DATE		
12.	Signature Typen or procedules a chiegistered OFFICERS /	AND DIRECTORS	(NOTE: Registers	ed Agent signature requi		DATE	O DIRECTOR	RS IN 12
12. TOTLE	Signature Typed or proceed one or all registered OFFICERS ((NOTE: Register) 13. LETE 1.1.1	ed Agent signature requi	ired when reinstating)	DATE		RS IN 12
12. Title Name	OFFICERS PSTD TEJADA, MARIASOL	AND DIRECTORS	(NOTE: Registers 13. LETE 1.1 1	ed Agent signature requi IITLE NAME	ired when reinstating)	DATE	O DIRECTOR	RS IN 12
12. THEE NAME STREET ADDRES	OFFICERS. PSTD TEJADA, MARIASOL 355 NW 72 AVE., APT #308	AND DIRECTORS	(NOTE: Registers 13. LETE 1.1 T 1.2 N 1.3 S	ed Agent signature requi IITLE NAME STREET ADDRESS	ired when reinstating)	DATE	O DIRECTOR	RS IN 12
SIGNATURI 12. TILLE NAME STREEL ADDRES CITY: ST-ZIP TITLE	OFFICERS PSTD TEJADA, MARIASOL	AND DIRECTORS	(NOTE: Registers 13. LETE 1.17 1.2 N 1.3 S 1.4 (ed Agent signature requi IITLE NAME	ired when reinstating)	DATE	O DIRECTOR	RS IN 12
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12. THEE NAME STREEL ADDRES OUTY-ST-ZIP THEE	OFFICERS A PSTD TEJADA, MARIASOL 355 NW 72 AVE., APT #309 MIAMI FL 33128	AND DIRECTORS	(NOTE: Register 13. LEFE 1.17 1.28 1.38 1.40 LEFE 2.17 2.28	ed Agent signature requi IITLE NAME STREET ADDRESS CITY-ST-ZIP	ired when reinstating)	DATE	O DIRECTOR	RS IN 12
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12. THE NAME STREET ADDRES CHY: ST-ZIP THE NAME STREET ADDRES CHY: ST-ZIP	OFFICERS A PSTD TEJADA, MARIASOL 355 NW 72 AVE., APT #309 MIAMI FL 33128	AND DIRECTORS	(NOTE: Registers 13. LEFE 1.11 1.24 1.35 1.40 2.17 2.24 2.35 2.41 LETE 3.11	ed Agent signature requi	ired when reinstating)	DATE	O DIRECTOR	RS IN 12 Addition Addition
12. THE NAME STREEL ADDRES CITY: ST-ZIP THE NAME STREEL ADDRES CITY: ST-ZIP THE NAME	OFFICERS. PSTD TEJADA, MARIASOL 355 NW 72 AVE., APT #308 MIAMI FL 33126	AND DIRECTORS DE	(NOTE: Registers 13. LETE 1.11 1.2N 1.3S 1.4(1.ETE 2.1T 2.2N 2.3S 2.41 1.ETE 3.11 3.2N	ed Agent signature requi	ired when reinstating)	DATE	O DIRECTOR Change	RS IN 12 Addition
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14. Ido hereby certify that the information supplied with this filing roes 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 africult 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 receivery 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 all attainment with an address.

SIGNATURE

SIGNATURE AND THE OFFICIAL OF SIGNING OFFICER OF DIRECTOR

0/21/97 505-261-PX

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