

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 10:16

DOCUMENT # **S69447** (8)

1. Corporation Name
THE ARIEN PROPERTY, INC.

Principal Place of Business
**9130 S DADELAND BLVD.
SUITE 1107
MIAMI FL 33156-7848**

Mailing Address
**9130 S DADELAND BLVD.
SUITE 1107
MIAMI FL 33156-7848**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/30/1991

3a. Date of Last Report
02/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0275711

Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip

25. Country

28. Zip

30. Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMOROS, ALBERTO
9130 S DADELAND BLVD.
SUITE 1107
MIAMI FL 33156-7848**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DCP
NEIRA, CESAR
ALAMEDA DEL CREPUSCULO 100
LIMA, PERU**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DVT
NEIRA, TERESA ~~CEYEB~~
ALAMEDA DEL CREPUSCULO 100
LIMA, PERU**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

Change Addition

NEIRA, TERESA UYESU DE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**S
AMOROS, ALBERTO
14224 SW 91 ST.
MIAMI FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**D
NEIRA, ~~CE~~
ALAMEDA DEL CREPUSCULO 100
LIMA PE**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

Change Addition

NEIRA UYESU, ENRIQUE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**D
NEIRA, CARLOS
ALAMEDA DEL CREPUSCULO 100
LIMA PERU**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

Change Addition

NEIRA UYESU, CARLOS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**D
NEIRA, U-F
ALAMEDA DEL CESPUSCULO 100
LIMA PE**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

Change Addition

NEIRA UYESU, TERESA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF MONITOR OFFICER OR DIRECTOR

1.25.95.

Date

(305) 670 3716

Daylene Preece