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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S69447 1. Corporation Name

THE ARIEN PROPERTY, INC.

Principal Place of Business		Mailing Address							
9130 S DADEL	AND BLVD.	9130 S DADELAND BLVD.							
STE 1607		STE 1607				50 NOT INDI	re iki tulo s	enacr	
MIAMI FL 3315	66-7851	MIAMI FL 33156-7851				DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed			ļ
						07/30/1991			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
21	•	26				65-0275711		No.	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75	Additional
¬ '''		27	7			5. Certifcate of Status Desired		Fee Re	equired
City & State		City & State				& Election Compaign Financing			May Be
¬ '		} -¬ ´	- ¬ ´			Election Campaign Financing Trust Fund Contribution	سمس. 🔲 .	Added	
23		28	Col	untry					101000
Zip	Country	Zip		unitry.		8. This corporation owes the curr	ent year inta		□No
24	25	29	30	, .		Personal Property Tax.		∐Yes	LINO
	9. Name and Address of Current	Registered Agent	_	1-1		10. Name and Address of New F	egisterea A	gent	
AMODOC ALDEDTO				81	Name				
	OROS, ALBERTO	82 Street A			Street Add	ddress (P.O. Box Number is Not Acceptable)			
	O S DADELAND BLVD.	62			Jacobi Addi	to the second section to the second			ļ
STE	1607	83							
MIA	MI FL 33156								
		•		84	City			85 Zip	Code
	to the provisions of Sections 607.0502			Щ			<u> </u>		
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	ons of, Section 607.0505, Fig.	orida Stat	tutes.	-				g
0,0,0,0,0	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	d Agent	t signature require	d when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	DCP	☐ DELETE	1.1 T	ITLE		•		Change	☐ Addition
NAME	NEIRA, CESAR		1.2 N	AME	Į				
STREET ADDRESS	ALAMEDA DEL CREPUSCULO 1	00	135	TREET	ADDRESS				ļ
	LIMA, PERU								ĺ
CITY-ST-ZIP	I	C DELETE		1TY-51	r-zip			Change	Addition
TITLE	DVT	☐ DELETE	2.1 T	TILE				- Change	L. Addition
NAME	NEIRA, TERESA UYESU D		2.2 N	IAME					
STREET ADDRESS	ALAMEDA DEL CREPUSCULO 1	00	2.3 S	TREET	ADDRESS				}
CITY-ST-ZIP	LIMA, PERU		2.40	CITY-S	T-ZIP			•	f
TITLE	\$	DELETE	- 3.1 T				بالمحمد المحمد	Change	☐ Addition
	AMOROS, ALBERTO	_ : :-	3.2 N				•		
NAME	14004 CW 01 CT		1				,		ļ
STREET ADDRESS	1				ADDRESS				1
CITY-ST-ZIP	MIAMI FL		_	CITY-S	T-ZIP				FT & 3-345- :
TITLE	D	☐ DELETE	4.1 T	ITLE				☐ Change	Addition
NAME	NEIRA, UYESU ENRIQUE		4.21	NAME					İ
STREET ADDRESS	ALAMEDA DEL CREPUSCULO 1	00	4.3 S	TREET	ADDRESS		•		ļ
City-ST-ZIP	LIMA PE			:TY-\$1	- 1			•	į
TITLE	D	DELETE	5.1 T					Change	Addition
	-	□ pereig	5.1 V						
NAME	NEIRA, UYESU CESAR	00	•					* •	{
STREET ADDRESS		UU	5.3 S	TREET	ADDRESS				
CITY- ST-ZIP	LIMA PERU			ITY-ST	T-ZIP				
TITLE	D	☐ DELETE	6.1 T	TLE	***			Change	Addition
	NEIRA UYESU, TERESA	•	62 N	IAME					İ
NAME	ALAMEDA DEL CEODUCCULO 4	nn			ADDRESS				
STREET ADDRESS	HALAMENA DEL CESPUSCULO I	υυ	6.3 S	IKEL	AUUKESS				

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0Z(3)(i), 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

LIMA PE

剪的) 750-1440

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90266 010 ***150.00