FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE May 06 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S70035 (8)202 A.R.A., INCORPORATED Mailing Address **Principal Place of Business** % 3596 MAIN HIGHWAY % \$586 MAIN HIGHWAY MIAMI FL 33133-5920 MIAMI FL 33133-5920 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/31/1991 4. FEI Number Principlal Place of Business 2a. Mailing Address Applied For NOT APPLICABLE Not Applicable 26 Suffe, Apt. #, etc. Suite, Apt. #, ptc \$8.75 Additional 5. Certificate of Status Desired Fee Required Oity & Shale City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country Źφ Country 8. This corporation owes or has paid the current year Intangible ☐ No Yes Personal Property Tax due June 30. 24 30 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent 81 Name **BUERMANN, ERIC** 3596 MAIN HIGHWAY 82 Street Address (P.O. Box Number Is Not Acceptable) MIAMI FL 33133-5920 83 City Zip Code RA 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change Addition DELETE 1 1 1HLE TITLE **ALIPERTI, ANA REGINA** 1.2 NAME HALLE 3596 MAIN HIGHWAY 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33133-5920 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2 F TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETÉ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-70P DELETE Change Addition 5 1 1/10F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE MIF 600002512886 62 NAME NAME -05/06/98--01029--016 ***158.75 63 STREET ADDRESS STREET ADDRESS @4 CITY - ST- ZIP CITY-ST-ZIP 14. I hereby certily 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 oath; that I am an officer or director of the corporation of 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, m on an attachment with an address.

Ana Regina Aliperti

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