

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90008 017 ***158.75

DOCUMENT # S70035

1. Corporation Name

202 A.R.A., INCORPORATED

Principal Place of Business

~~3598 MAIN HIGHWAY~~
~~MIAMI FL 33133-5920~~

Mailing Address

~~3598 MAIN HIGHWAY~~
~~MIAMI FL 33133-5920~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1991

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 6075 S.W. 92 Street

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

Zip Country

24 33156

25 USA

2a. Mailing Address

26 6075 S.W. 92 Street

Suite, Apt. #, etc.

27 City & State

28 Miami, FL

Zip Country

29 33156

30 USA

9. Name and Address of Current Registered Agent

BUERMANN, ERIC

~~3598 MAIN HIGHWAY~~
~~MIAMI FL 33133-5920~~

10. Name and Address of New Registered Agent

81 Name

Eric Buermann

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

c/o Republican Party of Fla. Suite 417

83

9200 South Dadeland Boulevard

84 City

Miami

FL

85 Zip Code

33156

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

Eric Buermann

2-8-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD ALIPERTI, ANA REGINA

STREET ADDRESS ~~3598 MAIN HIGHWAY~~

CITY-ST-ZIP ~~MIAMI FL 33133-5920~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6075 S.W. 92 Street

Miami, FL 33156

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 119.07(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:

Signature and typed or printed name of signing officer or director

2/8/99

Date

(305) 446-0045

Daytime Phone #

CR2E034 (1/98)