

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # S76667

(2)

95 JAN 17 AM 11:17

1. Corporation Name

ARBENOR CORP.

Principal Place of Business

**984 WEST 40TH STREET
HIALEAH FL 33012**

Home Address

**984 WEST 40TH STREET
HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/29/1991

3a. Date of Last Report
07/06/1994

2. Principal Place of Operations

8381 NW 68 ST

2a. Home Address

8381 NW 68 ST

4. FID Number
65-0281865

Applied For
Next Application

County: All # of

MIAMI FL 33166

County: All # of

MIAMI FLA

5. Certificate of Stamp Document ☐ **\$8.75 Additional Fee Required**

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

23. City & State

33166

27. City & State

DADE

28. City & State

33166

8. This corporation has liability for interstate tax under 15-1001 (a)(2), Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**REINA, NORMA
984 WEST 40TH STREET
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81. Name

82. Street Address, P.O. Box, Chamber of Commerce Building

83. City

84. State

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and I am duly qualified to act as a registered agent for the corporation named herein. I hereby accept the appointment as registered agent for the corporation named herein.

12. Signature

**D
REINA, NORMA
984 W. 40TH STREET
HIALEAH FL**

13. Address

Name

Street Address

City

State

Zip Code

Phone Number

Fax Number

E-mail Address

Business Hours

Other Information

Signature

Street Address

City

State

Zip Code

Phone Number

Fax Number

E-mail Address

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and I am duly qualified to act as a registered agent for the corporation named herein. I hereby accept the appointment as registered agent for the corporation named herein.

SIGNATURE:

Norma Reina

NORMA REINA

**01-11-95 (306)
592-5106**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR