

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S81155** (1)

1. Corporation Name

ARIMAC ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**3480 NW 41 ST
MIAMI FL 33142**

**3480 NW 41 ST
MIAMI FL 33142**

2. Principal Place of Business
21 **Same**

2a. Mailing Address
26 **Same as above**

3. Date Incorporated or Qualified
09/18/1991

3a. Date of Last Report
05/24/1995

4. FEI Number
65-0290632

Approved For
New Application

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributor



\$5.00 May Be
Added to Fees

8. This corporation has authority to not register its officers, directors,
Florida Statutes



Yes ☒ No ☐

9. Name and Address of Current Registered Agent

**CAMPOS, JOSE W
3480 NW 41ST ST.
MIAMI LAKES FL 33142**

10. Name and Address of New Registered Agent

81 Name **Same**
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 607.1506, 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. Thereby, accept the appointment, extend notice of agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Typed Name and Address)

Signature of Registered Agent (Typed Name and Address)

Date

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	CAMPOS, RAMON W	
STREET ADDRESS	16200 E. TROON CIRCLE	
CITY, ST, ZIP	MIAMI LAKES FL 33014	
TITLE	VP	DELETE
NAME	CAMPOS, JOSE W	
STREET ADDRESS	16200 E. TROON CIRCLE	
CITY, ST, ZIP	MIAMI LAKES FL 33014	
TITLE	S	DELETE
NAME	CAMPOS, JOSE R	
STREET ADDRESS	6710 BULL RUN RD.	
CITY, ST, ZIP	MIAMI LAKES FL 33014	
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

11 TITLE		Change	Add
12 NAME			
13 STREET ADDRESS			
14 CITY, ST, ZIP			
15 TITLE		Change	Add
22 NAME			
23 STREET ADDRESS			
24 CITY, ST, ZIP			
31 TITLE		Change	Add
32 NAME	S		
33 STREET ADDRESS	CAMPOS, JOSE R.		
34 CITY, ST, ZIP	3480 NW 41 St. Miami, FL 33142		
41 TITLE		Change	Add
42 NAME			
43 STREET ADDRESS			
44 CITY, ST, ZIP			
51 TITLE		Change	Add
52 NAME			
53 STREET ADDRESS			
54 CITY, ST, ZIP			
61 TITLE		Change	Add
62 NAME			
63 STREET ADDRESS			
64 CITY, ST, ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statute, Section 119.07(9)(g), Florida Statutes. I further certify that the information included 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 or person in possession or control of the corporation and that my name as shown on this report or that I am changed, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose R. Campos 6-7-96 (305) 638-3480

CR2E034 (3/96)