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

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90077 044 ***158.75

I INDICATE LAS FRAIR RIERS BALL FIRST LERS ALBES ALBES BIRGS BIRGS BIRGS BARLS BARLS BARLS

DOC	JMENT	# 5	386	522
		•		

1. Corporation Name

A & A ARNOLD & ASSOCIATES, INC.

Principal Place	of Business	Mi	ailing Address		····			╡		II GIG II GI BIBLI	PINII AINI		
1701 W 80 STREET GUITE 109N HIALEAH FL 33014				DO NOT WRITE IN THIS SPACE									
US	•						:	1	e Incorporated or Qualifed /10/1991	1			
	ace of Business	2a.	Mailing Address						Number			Арр	lied For
21 1711	W 38 PL	26						65	0321423				Applicable
Suite, Apt.		27	Suite, Apt. #, etc.					5. Cen	tifcate of Status Desired	75		75 Ad	dditional quired
- City & State	LEAH, FL	28	-City & State	v			- L	1	ction Campaign Financing st Fund Contribution			.00 N	May Be Fees
Zip	Country	1	Zip	(Country	,		8. This	corporation owes the cur	rent year In	tangible		
24 336	012 25 US	29		30				Pers	sonal Property Tax.		Yes	; [□ No
	9. Name and Address of Curren	t Regis	tered Agent					10. Nar	ne and Address of New	Registered	Agent		
	L ESPILLING O				81	1	Name						
	n, Fernando S. South Dixie Highway				82	1	Street Addres	ess (P.O. E	3ox Number is Not Accept	table)			
, COR	AL GABLES FL 33146				83	+					 -		
1					84	-	City				85	Zip Ci	ode
ļ					ľ	1	-			<u>Fi</u>	<u>- </u>	~;' ·,	
) office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation	of Florid	ta. Such change was Section 607.0505, F	s authori Florida S	ized by Statutes	, une	e corporation	on's board	of directors, 1 nereby acce	ept the appo	r changir	as regi	egistered istered ","
	Signature, typed or printed name of registered agen		· · · · · · · · · · · · · · · · · · ·			nt si	ignature required v		· · · · · · · · · · · · · · · · · · ·	DATE			25.41.40
12.	OFFICERS AN	D DIRE			13.			ADDI	TIONS/CHANGES TO O	FFICERS A	ND DIRE ☐ Cha		Addition
TITLE	DP		☐ DELETE		.1 TITLE		ſ					arige	☐ Aubition
NAME	VELAZQUEZ, ARNOLD M.			1	.2 NAME		.		•				
STREET ADDRESS	1701 W 80 ST			1	.3 STREE		}						
CITY-ST-ZIP	HIALEAH FL		DELETE	-	.4 CITY-S	37-Z	JP				Cha		Addition
TITLE	DS .		O DECENE				ļ					21,90	
NAME	VELAZQUEZ, DULCE G. 1701 W. 80 ST				2 NAME	- 40	202500						
STREET ADDRESS	HIALEAH FL			- 1	3 STREE								i
CITY-ST-ZIP	HIALEATI FL		DELETE		. 4 CITY-S	S1-2	ΔP -	- 7.4	. +		Cha	ange -	Addition
1					2 NAME						Т.	·	_
NAME STREET ADDRESS				1	.3 STREE	TAF	OORESS						
ļ				I -	4. CITY-S								
CITY-ST-ZIP			☐ DELETE		.1 TITLE	31-2	<u></u>				☐ Cha	ange	Addition
NAME				4	. 2 NAME		Ī						
STREET ADDRESS				4	.3 STREE	TAD	DDRESS						
CITY-ST-ZIP					4 CITY-S		,						
TITLE			☐ DELETE	_	.1 TITLE						Cha	ange	☐ Addition
NAME				5	2 NAME								
STREET ADDRESS				5	3 STREE	T AC	ODRESS						,
CITY-ST-ZIP	· <u>·</u> _				4 CITY-S	T-Z	IP .						
mLE .			☐ DELETE	6	1 TITLE						Cha	ange	☐ Addition
NAME (6	2 NAME)						
STREET ADDRESS				6	.3 STREE	TAL	ODRESS						
CITY-ST-ZIP	·			6	4 CITY-S	ST-Z	JP P						

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: