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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V51803

(7)

Mailing Address

ARIVASQUEZ, INC.

Principal Place of Business

| | 1 | ILEL |) |
|-----|------|---------|---------|
| Aug | 11 | 1997 | 8:00am |
| Sec | cret | tary of | f State |

| _ | |
|---|---|
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| C/O RAY HOYT 292 HOLLYWOOD LANE NAPLES FL 33962 | | C/O RAY HOYT 292 HOLLYWOOD LANE NAPLES FL 34112-7235 | | | | | | | |
|---|---|--|----------------------------|----------------------|----------------|---|------------|---------|--------------------------|
| | | | | | | 3. Date Incorporated or Qualified 3a. D 07/16/1992 03/ | | | st Report |
| | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | Applied For |
| | MOON LAKE DRIVE | 26 1010 MOON I | LAKE D | RIVE | | 65-0350969 | | | Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | 5 Additional Required |
| | e S, FLORIDA | City & State 28 NAPLES, FLC | RIDA | | | Etection Campaign Financing Trust Fund Contribution | | | 00 May Be ed to Fees |
| Zip 24 34104 | Country 25 U.S.A. | Zip 29 34104 | | ntry S.A. | | | Yes 👤 | No | or s. 199.032, |
| | 9. Name and Address of Current | Registered Agent | | 221 :: | | 10. Name and Address of New Re | glatered / | Agent | |
| | SON, GARY K. | | | 81 Nam | 10 | | | | |
| SUIT | i tamiami trail n. 'E 400 | | | | et Addres | s (P.O. Box Number is Not Acceptat | ole) | | |
| NAP | LES FL 33940 | | | 83 | | | | | |
| | | | | 84 City | | | FL | 85 Z | ip Code |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Stat | utes, the al | oove-name | ed corpor | ation submits this statement for the p | surpose of | changin | g its registered |
| agent. La | registered agent, or both, in the State of im familiar with, and accept the obliga | tions of, Section 607.0505, F | s aumonzei Florida Stal | a by the ci utes. | orporation | is board or directors. I hereby accep | ot the app | nemjnic | as registered |
| SIGNATURE | | | | | | | | | |
| 12. | Signature, typed or printed name of registered agen OFFICERS AND | | | 1 Agent signat | lure required | whon reinstating) | DA16 | 5,556 | |
| TITLE | PD OFFICENS AND | DELETE | 13. | (E | ., | ADDITIONS/CHANGES TO OFFIC | EHS AND | Chang | |
| NAME | VASQUEZ, LUZ STELLA | Officie | 1.2 N/ | | | | | Citani | e C Addition |
| STREET ADDRESS | 292 HOLLYWOOD LANE | | | REET ADDRES | . 101 | O MOON LAKE DRIVE | | | |
| CITY-ST-ZIP | NAPLES FL 33962 | | | IY-ST-ZIP | - 1 | LES, FLORIDA 34104 | | | |
| TITLE | TSD | DELETE | 2.1 Ti | | | | | X Chanc | e Addition |
| NAME | ARIAS, RICARDO | | 2.2 N/ | ME | | | | | |
| STREET ADDRESS | 292 HOLLYWOOD LANE | | 23 ST | REET ADDRES | s | e s a fill a gell y | | | |
| CHTY-ST-ZIP | NAPLES FL 33962 | | 2 4 C | TY-ST-ZIP | 341 | | | | |
| TITLE | SD | ☐ DELETE | 3.1 TI | 'LF | | | | X Chang | e Addition |
| NAME | VASQUEZ, CARLOS | | 3.2 NA | ME | | | | | |
| STREET ADDRESS | 2116 EVERGREEN LAKE CT. | | 3.3 \$1 | reet addres | s | | | | |
| CITY-ST-ZIP | NAPLES FL 33962 | | 3.4. C | 1Y-ST-ZIP | 341 | 12 | | | |
| TITLE | | DELETE | 4.1 10 | LE | | | | Chang | ge 🔲 Addition |
| NAME | | | 4. 2 N | AME | | | | | |
| STREET ADDRESS | | | 4.3 \$1 | REET ADDRES | s | | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | ! | ····· | | |
| TITLE | | ☐ DELETE | 5.1 TII | | | | | ∐ Chang | ge L Addition |
| NAME | , | | 5.2 NA | | | | | | |
| STREET ADDRESS | ŕ | | | REET ADDRESS | s | | | | |
| CITY-ST-ZIP | | DELETE | | Y-ST-ZIP | | | | Lou | . 1 1.000 |
| TITLE | | ☐ DELETE | 6.1 717 | | | | | Chang | ge L Addition |
| NAME | | | 6.2 NA | | | | | | |
| STREET ADDRESS | | | | REET ADDRESS | \$ | | | | |
| CITY-ST-ZIP | | | 6.4 CI | Y-ST-ZIP | 1 | | | | |

14. I do 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.

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