7-16-47 B- 1373 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

*PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

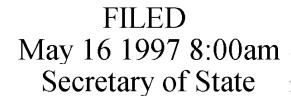
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 221461

(7)

PARMS ARMS INC





Principal Place			:							
2243 CALAIS D MIAMI BEACH I		2243 CALAIS DRIVE MIAMI BEACH FL 33141-3	447			. 4				
			•			ate incorporated or 3/16/1959	Qualified		of Last R	eport
2. Principal Place of Business 2a. Mailing Address						l Number			Ar	oplied For
21	26		·		59-6067458				ot Applicable	
Suite, Apt :	#, etc.	Suite, Apt. #, etc.		,	5. Ce	ertificate of Status D	esired			Additional equired
City & State	;	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Z ip	Country		Cou	ntrv		nis corporation has I		tannihla ta		
24	25	29	30	,		orida Statutes		Yes		. 199.002,
<u>.=-11</u>	9. Name and Address of Curre		1221			ame and Address	of New Reg	istered Ag	ent	
CRA	NELL, ROLANDO			81 Name	BECE	RRA 5	YLV	Δ		
2243 CALAIS DR., #2				82 Street	Address (P.O.	Box Number is No	Acceptable	e) .		
MIAMI BEACH FL 33141				J. Opcorr	2243	dress (P.O. Box Number is Not Acceptable) 2 4 3 CALA IS DR. # 1				
				83						
				84 City	-1	<u> </u>			85 Zin	Code
				[] - " <i>[</i>	MIAMI	BEACH		FL.	33	141
11. Pursuant t	o the previsions of Sections 607.00 egistered agent, or both, in the Sta m familiar with, and Jocept the obli	502 and 607.1508, Florida Statu te of Florida, Such change was	tes, the a	oove-named by the corr	corporation s	submits this stateme	nt for the pureby accept	urpose of c	hanging i ntment as	ts registered registered
agent. Lar	n landiar with, and locept the obli	gations of Section 607.0505, FI	orida Stat			1	oo, accor	1 0		
SIGNATURE	Dalle Ilm	SIIVIA BECERN	<u>ዋ (</u>	Presi	IDENT			74-3	0-7	7
	Structure Types is printed name of registered a			d Agent signature	required when rein	· · · · · · · · · · · · · · · · · · ·	TO OFFIC	DATE	NIDEOTO	DO 11 10
12.	VD OFFICERS A	ND DIRECTORS DELETE	13.	71 F	V/D/r	DITIONS/CHANGE	S TO OFFIC		Change	Addition
NAME	PELEGRIN, PABLO A.	C3 prefite	1.2 N		11011			#.	a Chango	L. J. Addition
STREET ADORESS :	2243 CALAIS DR., #4		1	REET ADDRESS	ļ					
}	MIAMI BEACH FL		1	· ·	}					
CITY-ST-ZW	ST	DELETE	2.1 TI	TY-ST-ZIP	0/6		·-···		Change	Addition
NAME	BECERRA, SYLVIA		22 N		P/5			•	U	tend
STREET ADDRESS	2243 CALAIS DR., #1			REET AODRESS .						
CHY-S1-202	MIAMI BEACH FL			ITY-ST-ZIP	1					
TITLE	P	₩ DELETE	3.1 Ti				,		Change	Addition
NAME	GRANELL, ROLANDO	 -	3.2 N							
STREET ADDRESS	2243 CALAIS DR, #3			REET ADDRESS	1	•				
CITY-ST-ZIP	MIAMI BEACH FL		- 1	ITY-ST-ZIP	1					
TITLE		DELETE	4.1 TI				······		Change	Addition
NAME			4.21	IAME	}		•		-	
STHEET ADDRESS			4.3 S	REET ADDRESS		٠,				
D-TY-ST-7iP				ITY-\$T-ZIP	1					
TITLE	and a second control of the second control of the second control of the second control of the second control of	DELETE	5.1 T		1			L	Change	Addition
. NAMÉ			5.2 N	AME	1					
STREET ADDRESS			5.3 \$	TREET ADDRESS						
CITY - ST - ZIP			5.4 0	ITY-ST-ZIP						
1ITLF		DELETE	6.1 T	TLE				E	Change	Addition
NAMÉ			62 N	AME						
STREET ADDRESS			6.3 S	treet address						
CITY-SI ZIP			6.4 C	ITY-ST-ZIP	<u></u>					
14. I do heret	by certify that the information suppl	lied with this filing does not qual	lify for the	exemption s	stated in Secti	on 119 07(3)(i), Flor	ida Statutes	. I further o	ertify that	the

acceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

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