


5-16-97 B 1373 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 221461 (7) 1. Corporation Name PARMS ARMS INC			
Principal Place of Business 2243 CALAIS DRIVE MIAMI BEACH FL 33141		Mailing Address 2243 CALAIS DRIVE MIAMI BEACH FL 33141-3447	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CRANELL, ROLANDO 2243 CALAIS DR., #2 MIAMI BEACH FL 33141		81 Name BECERRA, SYLVIA 82 Street Address (P.O. Box Number is Not Acceptable) 2243 CALAIS DR., #1 83 84 City MIAMI BEACH FL 85 Zip Code 33141	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: <i>Sylvia Becerra</i> SYLVIA BECERRA (PRESIDENT) DATE: 04-30-97 (NOTE: Registered Agent signature required when reinstalling)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VD 1.2 NAME PELEGRIN, PABLO A. 1.3 STREET ADDRESS 2243 CALAIS DR., #4 1.4 CITY-ST-ZIP MIAMI BEACH FL		1.1 TITLE V/D/T 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2.1 TITLE ST 2.2 NAME BECERRA, SYLVIA 2.3 STREET ADDRESS 2243 CALAIS DR., #1 2.4 CITY-ST-ZIP MIAMI BEACH FL		2.1 TITLE P/S 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE P 3.2 NAME GRANELL, ROLANDO 3.3 STREET ADDRESS 2243 CALAIS DR., #3 3.4 CITY-ST-ZIP MIAMI BEACH FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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. SIGNATURE: <i>Sylvia Becerra</i> SYLVIA BECERRA (PRESIDENT) DATE: 04-30-97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)