

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90127 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000060470**

1. Corporation Name
ARMON TRADING CORPORATION

Principal Place of Business
**13575 SW 196 ST.
 MIAMI FL 33177**

Mailing Address
**13575 SW 196 ST.
 MIAMI FL 33177**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/11/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number APPLIED FOR 65-0862746	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEITZMAN, JACK L 11420 SW 109 RD. MIAMI FL 33176				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				Miami	FL	33177	

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: DATE: **April 7, 1999**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORRES, MONICA			1.2 NAME	Altamirano O., Arturo		
STREET ADDRESS	13575 SW 196 ST.			1.3 STREET ADDRESS	13575 SW 196 Street		
CITY-ST-ZIP	MIAMI FL 33177			1.4 CITY-ST-ZIP	Miami, FL 33177		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DE LA CRUZ, EMILIO			2.2 NAME	De La Cruz, Emilio		
STREET ADDRESS	13575 SW 196 ST.			2.3 STREET ADDRESS	13575 SW 196 Street		
CITY-ST-ZIP	MIAMI FL 33177			2.4 CITY-ST-ZIP	Miami, FL 33177		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	De La Cruz, Sabine		
STREET ADDRESS				3.3 STREET ADDRESS	13575 SW 196 Street		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Miami, FL 33177		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Pena R., Pablo		
STREET ADDRESS				4.3 STREET ADDRESS	13575 SW 196 Street		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Miami, FL 33177		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: **President** DATE: **April 7, 1999 (305)**

CR2E034 (1/98)