FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700841 (0)

1. Corporation Name
KIMBERLY ARMS CO-OP CORP. INC.

Principal Place of Business	Mailing Address
2306-07 PIERCE ST HOLLYWOOD FL	2306-07 PIERCE ST HOLLYWOOD FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1960
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-1023079 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 DIANE MATHIEU
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 2507 WASHington
City & State 23	City & State 28 Hollywood, FL
Zip 24 / Country 25	Zip 29 33020 / Country 30 BROW.

9. Name and Address of Current Registered Agent

VALENTINO, FRANK P.
23-07 PIERCE ST 1
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: VACHON, ARMAND
82 Street Address (P.O. Box Number is Not Acceptable): 2307 PIERCE ST #2.
83
84 City: Hollywood FL 85 Zip Code: 33020

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: (DIANE MATHIEU) 05/07/95
Signature of, and typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	SALIRO, JOE	12 NAME		
STREET ADDRESS	2307 PIERCE ST. #4	13 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 00000	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	VACHON, HERMARD	22 NAME	ARMAND	
STREET ADDRESS	2307 PIERCE ST #8	23 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 00000	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	RELISLE, DENISE	32 NAME		
STREET ADDRESS	2307 PIERCE ST #7	33 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 00000	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	VALENTINO, FRANK P.	42 NAME		
STREET ADDRESS	2307 PIERCE ST 1	43 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	DI IORIO, MARY	52 NAME		
STREET ADDRESS	2307 PIERCE ST 2	53 STREET ADDRESS		REMITTED BY MAY 1
CITY-ST-ZIP	HOLLYWOOD, FL 00000	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MCGRAIL, FRANCIS	62 NAME		
STREET ADDRESS	2307 PIERCE ST #8	63 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 00000	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Armand Vachon (ARMAND VACHON) 04/13/95 305-929-2806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078109