

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

FILED

Mar 20 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 # 850100

(9)

1. Corporation Name
ARMA N.V.

Principal Place of Business

Mailing Address

PENTHOUSE
888 BRICKELL AVENUE
MIAMI FL 33131

PENTHOUSE
888 BRICKELL AVENUE
MIAMI FL 33131-2913



2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/18/1981

3a. Date of Last Report

02/08/1996

4. FEI Number

98-0049886

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

PENINSULA REGISTERED AGENTS, INC.
200 S BISCAYNE BLVD
STE 4800
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name

M.F. Hassan

82. Street Address (P.O. Box Number is Not Acceptable)

888 Brickell Avenue

83.

Penthouse

84. City

Miami

FL

85. Zip Code

33131

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 bound by all the provisions of, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

M.F. Hassan

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

12.1

NAME

PTD
MEZERHANE, NELSON

☐ DELETE

STREET ADDRESS

888 BRICKELL AVE.

CITY-STATE-ZIP

MIAMI FL

12.2

NAME

VSD
MEZERHANE, FREDDY

☐ DELETE

STREET ADDRESS

888 BRICKELL AVE.

CITY-STATE-ZIP

MIAMI FL

12.3

NAME

A
HASSAN, MOSTAFA F.

☐ DELETE

STREET ADDRESS

888 BRICKELL AVE.

CITY-STATE-ZIP

MIAMI FL

12.4

NAME

☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

12.5

NAME

☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

12.6

NAME

☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

12.7

NAME

☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE

☐ Change

☐ Addition

12.2 NAME

13.3 STREET ADDRESS

14.4 CITY-STATE-ZIP

21.1 TITLE

☐ Change

☐ Addition

22.2 NAME

23.3 STREET ADDRESS

24.4 CITY-STATE-ZIP

31.1 TITLE

☐ Change

☐ Addition

32.2 NAME

33.3 STREET ADDRESS

34.4 CITY-STATE-ZIP

41.1 TITLE

☐ Change

☐ Addition

42.2 NAME

43.3 STREET ADDRESS

44.4 CITY-STATE-ZIP

51.1 TITLE

☐ Change

☐ Addition

52.2 NAME

53.3 STREET ADDRESS

54.4 CITY-STATE-ZIP

61.1 TITLE

☐ Change

☐ Addition

62.2 NAME

63.3 STREET ADDRESS

64.4 CITY-STATE-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 included 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:

M.F. Hassan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-97 305-371-3001

Date

Telephone #

CR2E034 (9/96)