

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F23927 (9)**

1. Corporation Name
MIGUEL DE ARMAS AND ASSOCIATES, ACCOUNTANTS, INC



Principal Place of Business: **4011 N.W. 6TH STREET MIAMI FL 33126-5613**
Mailing Address: **4011 N.W. 6TH STREET MIAMI FL 33126-5613**

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, Etc.	26. Suite, Apt. #, Etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified 03/17/1981	3a. Date of Last Report 02/27/1995
4. FEIN Number 59-2067474	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent		81. Name
DE ARMAS, MIGUEL 4011 NW 6TH STREET MIAMI FL		82. Street Address (P.O. Box Number is Not Acceptable)
		83.
		84. City
		FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.00(2) and 607.15(2), 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. Thereby, I, as the appointed registered agent, I am familiar with, and accept the obligations of, Section 607.00(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PTD DE ARMAS, MIGUEL 4011 NW 6TH ST MIAMI FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S DE ARMAS, MARIANOLA 4011 NW 6TH ST MIAMI FL	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not comply with the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this form is correct or supplemental information 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 true and accurate signatory or authorized signatory of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as an officer or director.

SIGNATURE: *Miguel de Armas* **Miguel de ARMAS** 3/25/96 (305) 649-5315

CRCE034 (12/95)