04-18-2002 90551 001 *1.111.25

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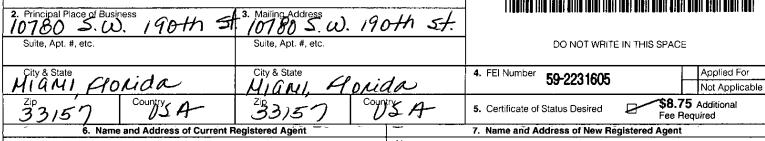
1. Entity Name

PHOENIX ARMS LTD. INC.

Principal Place of Business 3785 NW BAND AVE., SUITE 211 Mailing Address

3785 NW 82ND AVE., SUITE 211

MIAMI FL 33/68-6657



ESQUIVEL, DR J AL P.E. 9955 S.W. 87TH CT. **MIAMI FL 33176**

SIGNATURE

Name

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

City

Zip Code

FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11.	OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS ESQUIVEL, DR J AL 3785 N.W. 82ND AVE. STE . 211 MIAMI FL 3316 6	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10780 S.W. 190th . Miani, Aonida 331	Thange Heet	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARRIO, MARLENE A. 3785 N.W. 82 AVE. STE. 21 1 MIAMI FL 33166	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10780 S.W. 190+h MIANI, HONIAN 33	change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	□ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY ST. 7IP		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition

13. 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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: