

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 19 AM 2:29**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # G10430 (8)**

1. Corporation Name  
**ARMEL CONSULTING CO.**

Principal Place of Business

**% ENRIQUE ARMAND  
4147 WEST 8TH AVE  
HALEAH FL 33012**

Mailing Address

**% ENRIQUE ARMAND  
4147 WEST 8TH AVE  
HALEAH FL 33012**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/02/1982** 3a. Date of Last Report **04/11/1994**

4. FEI Number **59-2263542** 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**

6. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

|                                |                     |                     |                     |
|--------------------------------|---------------------|---------------------|---------------------|
| 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                  | Country             |
| 24                             | Country             | 29                  | Zip                 |
| 25                             |                     | 30                  | Country             |

9. Name and Address of Current Registered Agent

**ARMAND, ENRIQUE  
4147 WEST 8TH AVE  
HALEAH FL 33012**

10. Name and Address of New Registered Agent

|    |  |    |
|----|--|----|
| 81 | Name   |    |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |    |
| 83 |  |    |
| 84 | City   | FL |
| 85 | Zip Code   |    |

11. Pursuant to the provisions of Sections 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                          |
|-----------------|--------------------------|
| TITLE           | <b>PT</b>                |
| NAME            | <b>ARMAND, ENRIQUE J</b> |
| STREET ADDRESS  | <b>4147 W 8TH AVE</b>    |
| CITY - ST - ZIP | <b>HALEAH, FL 00000</b>  |
| TITLE           | <b>SVP</b>               |
| NAME            | <b>ARMAND, BELKIS H.</b> |
| STREET ADDRESS  | <b>4147 W. 8TH AVE.</b>  |
| CITY - ST - ZIP | <b>HALEAH FL</b>         |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 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 110.07(3)(k), 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.

SIGNATURE: Enrique J. Armand **ENRIQUE J. ARMAND** 4/15/95 (3ar) 823-8819