

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90104 030 ***150.00

DOCUMENT # **G88142**

1. Corporation Name
ARM REALTY, INC.

Principal Place of Business
2190 E. 11TH AVE
HIALEAH FL 33013-4308

Mailing Address
2190 E. 11TH AVE
HIALEAH FL 33013-4308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1984

4. FEI Number
59-2396696

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YAVNELI, GURI
2190 EAST 11 AVENUE
HIALEAH FL

81 Name **YAVNELI GURI**

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

83 **9261 S.W 102 ST.**

84 City **MIAMI** FL 85 Zip Code **33146**

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

G. Yavneli

2/15/99

Signature, 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 **PD** ☐ DELETE
NAME **YAVNELI, GURI**
STREET ADDRESS **2190 E. 11TH AVE**
CITY-ST-ZIP **HIALEAH FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **YAVNELI GURI**
1.3 STREET ADDRESS **9261 S.W 102 ST**
1.4 CITY-ST-ZIP **MIAMI FLA 33146**

TITLE **STD** ☐ DELETE
NAME **YAVNELI, LOIS**
STREET ADDRESS **2190 E. 11TH AVE**
CITY-ST-ZIP **HIALEAH FL**

2.1 TITLE **STD** ☒ Change ☐ Addition
2.2 NAME **YAVNELI LOIS**
2.3 STREET ADDRESS **9261 S.W 102 ST**
2.4 CITY-ST-ZIP **MIAMI FLA 33146**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

G. Yavneli

2/15/99

305-279-9918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0129445

CR2E034 (11/98)