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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05430

(8)

ARME INVESTMENTS, INC.

FILED Mar 12 1997 8:00am Secretary of State



Principal Place of Business 1 SE 3RO AVENUE SUITE 1400 MIAMI FL 33131 US	Mailing Address ONE SOUTH THIRD AVE. SUITE 1400 MIAMI FL 33131-1777 US		3. Date Incorporated or Qualified 07/27/1989 3a. Date of Last Report 04/10/1996	
2. Principal Place of Business 21	2a. Mailing Address- 26		4. FEI Number 65-0135122	Applied For Not Applicable
Suite, Apt #, ∈b. 12	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23	C ty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 29 30 f Current Registered Agent	Country	This corporation has liability for it Florida Statutes Name and Address of New Reg	Yes No
The way I had be	607 0502 and 607 1508. Florida Statutes, the State of Florida Such change was author only a state of Society o	83 13000 84 City am1	Real Estate Enters ress (P.O. Box Number is Not Acceptable S.W. Flortila 33186 Doration submits this statement for the potentials board of directors. I hereby acceptable Lic-FRoys	FL 85 Zip Code
They be taped to perfect call by hely		pistered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	FRS AND DIRECTORS IN 12
THE VASQUEZ, MIGUEL 13000 S.W. 120TH ST. MIAM! FL	☐ DELETE	1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
DELF NAME STREET ACORESS CITY STIVE	☐ DEFELE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		☐ Change ☐ Addition
HELE NAME SARETS ACIDRESS CITY STIZER	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-SI-ZIP		Change Addition
TITE NAME STREEL ADGRESS OUT ST-789	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STAFFELADURESS	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CFY-SF-Z P TITE NAME	DELETE	5 4 CITY- ST-ZIP 6 1 TITLE 6 2 NAME		Change Addition

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 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 semporation 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

EAND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/97 Bar) 233-8873