SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M20424** **(1)**

1. Corporation Name
ARMORCOAT OF KENDALL, INC.

Principal Place of Business	Mailing Address
9765 PALMETTO CLUB DRIVE MIAMI FL 33157	9765 PALMETTO CLUB DRIVE MIAMI FL 33157

3. Date Incorporated or Qualified: **09/10/1985**
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business
21 **6815 SW 81 STREET**
Suite, Apt. #, etc. 22
City & State 23 **MIAMI, FLORIDA**
Zip 24 **33143** Country 25

2a. Mailing Address
26 **6815 SW 81 STREET**
Suite, Apt. #, etc. 27
City & State 28 **MIAMI, FLORIDA**
Zip 29 **33143** Country 30

4. FEI Number: **59-2578404** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
SPIEGELMAN, ROBERT I.
19 W. FLAGLER ST.
MIAMI FL

10. Name and Address of New Registered Agent
81 Name: ANTONIO CAMACHO
82 Street Address (P.O. Box Number is Not Acceptable): 12600 SW 112 AVENUE
83
84 City: MIAMI FL 85 Zip Code: 33176

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: Camacho X ANTONIO CAMACHO 8/13/96
(Signature required or printed name of registered agent and title if applicable) (Printed or Typed Name of Registered Agent Signature required when filing) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE	DP	☒ Change ☐ Addition
NAME	EHLER, ALONZO L.		12 NAME	ANTONIO CAMACHO	
STREET ADDRESS	9765 PALMETTO CLUB DR.		13 STREET ADDRESS	12600 SW 112 AVE	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	D	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	EHLER, EUPHEMIA KIM		22 NAME		
STREET ADDRESS	9765 PALMETTO CLUB DR.		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANTONIO Camacho 8/13/96 305-233-8128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)