FILE NOW: FILING FEE AFTER MAY 1 IS \$55

PROFIT Apr 16 1997 8:00am ELORIDA DEPARTMENÎ CORPORATION Sandra B. Mor **ANNUAL REPORT** Secretary of State Secretary of St DIVISION OF CORPO 1997 JIONS DOCUMENT # M20424 (1) ARMORCOAT OF KENDALL, INC. Principal Place of Business Mailing Address 6815 SW 81 STREET 6815 SW 81 STREET MIAMI FL 33143-7707 MIAMI FL 33143 3a. Date of Last Report 3, Date Incorporated or Qualified 08/19/1996 09/10/1985 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2578404 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032. 24 25 29 Florida Statutes Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CAMACHO, ANTONIO 12600 SW 112 AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when re-estating) Signature, typed or printed name of regulation analyst and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 □ DELETÉ Change Addition TITLE 1.1 1HLE CAMACHO, ANTONIO 12600 SW 112 AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-78 1.4 C(1) Y - ST - Z(P) TITLE DELETE 2.1 T:TLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7/P Change DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$T-ZIP 3.4. CITY - ST - ZIP Change DELFTE Addition TITLE 4.1 11116 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY+ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1.11816 NAME 6.2 NAME STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the

SIGNATURE

Information indicated on this annual report or suppliemental airrual report is true and accurate and that my signature shall have the same legal effect as if made under oath, the Lam 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 mame appears in Block 12 of 31g/sk 73 if changed, or on an attachment with an address

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Apr 10, 1997, 305-253-77?