

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **M46587** (5)

95 JAN 17 AM 11:45

1. Corporation Name
ARMAND PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
11010 N KENDALL DR., SUITE 216 MIAMI FL 33176		11010 N KENDALL DR., SUITE 216 MIAMI FL 33176	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	2a	59-2766259	Not Applicable
State, Apt. #, etc.	State, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
02/13/1987	04/04/1994

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ARMAND PROPERTIES (TERESA ARMAND) 11010 N KENDALL DR., SUITE 216 MIAMI FL 33176				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607 (05.1) and 607 150B, 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 (05.0), Florida Statutes.

SIGNATURE _____
Signature of Registered Agent or person in charge of maintaining records of the corporation

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D ARMAND, TERESA	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	8005 SW 107TH AVE. #315	2. STREET ADDRESS	
3. CITY, ST., ZIP	MIAMI FL	3. CITY, ST., ZIP	
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, ST., ZIP		6. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST., ZIP		9. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST., ZIP		12. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607 (05.1)(b), Florida Statutes. I further certify that the information included on the 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 a director of the corporation and the holder of the responsibility to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 of the Block 1 file report or registration report with all officers.

SIGNATURE: *Teresa Armand* 1/9/95 (305) 274-9944
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR