

FILE NOW: FILING FEE AFTER MAY 1ST IS \$750.00

97-98 AR

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98 MAR 17 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



THAT DEPARTMENT OF STATE
Gordon F. Morkman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 92000003388(5)
1. Corporation Name ARMA CONSTRUCTION INC.

Principal Place of Business Mailing Address
841 West 53 Street
Neleah Fla 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Same as above
27 Suite, Apt #, etc.
28 City & State
29 Zip Country
30

3. Date Incorporated or Qualified

4. FEI Number 05-0370454
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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Ruben Armas
Arma Construction INC.
841 West 53 Street
Neleah Fla 33012

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NC) Registered Agent signature required when reinstating _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE P Ruben Armas DELETE
NAME
STREET ADDRESS 841 West 53 St.
CITY - ST - ZIP Neleah Fla 33012

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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.

SIGNATURE: Ruben Armas 3-12-98 305 824-3294
Date Daytime Phone #

0034 (10/97)