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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9200003388

ARMA CONSTRUCTION, INC.

Principal Plac	ce of Business	Mailing Address				F 10011008 118 (0110 11011 001)			
841 WEST 53	STREET	841 WEST 53 STF	REET ·						
HIALEAH FL 33012 HIALEAH FL 33012									
US US						DO NOT W	RITE IN THIS	SPACE	· .
<i>.</i>						 Date Incorporated or Qualifitation 11/10/1992 	ed		
2. Principal F	Place of Business	2a. Mailing Addre	ess			4. FEI Number		Ap	plied For
21		26				65-0370454		No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #,	etc.			5. Certifcate of Status Desired	П	\$8.75	
22		27					. <u> </u>	Fee Re	quired
City & Sta	te	City & State			. []	Election Campaign Financir	ıg ⊢ı.	\$5.00	May Be
23		28		 		Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip		untry	1	8. This corporation owes the c	urrent year In		
24	25	29	. 30	1		Personal Property Tax.	,, 	Yes	□No
	9. Name and Address of C	urrent Registered Agent		81 Name		0. Name and Address of Nev	w registered	Agent	
ARM	IAS, RUBEN	** v * ***		Joi Name	-				
841	WEST 53 STREET			82 Stree	t Address	(P.O. Box Number is Not Acce	ptable)		
	LEAH FL 33012			-		. * ** * * * * * * * * * * * * * * * *	<u> </u>	\$135 m	1877 151 201
			- '	83					
.		· .		84 City			FL	85 Zip 0	Code
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florid	la Statutes, the a	bove-name	d corporati	ion submits this statement for t	he purpose of	changing its	registered
office or i	registered agent, or both, in the	State of Florida. Such chang	ne was authorized	d by the corr	noration's	board of directors. I hereby ac-	cept the appo	intment as rea	gistered
∴ agent La	im familiar with, and accept the	obligations of Section 607.0	505 Florida Stat	utes	porduorro				•
ib agent. I a		obligations of, Section 607.0	505, Florida Stat	utes.	•				
agent. I a	Signature, typed or printed name of registe	red agent and title if applicable.	505, Florida Stat	utes.	•	en reinstating) .	DATE		
3 agent. I a SIGNATURE	Signature, typed or printed name of registe	red agent and title if applicable.	505, Florida Stat (NOTE: Registered	utes. I Agent signature	•		DATE	ND DIRECTO	RS IN 12
agent. I a SIGNATURE 12.	Signature, typed or printed name of regista OFFICER	red agent and title if applicable.	(NOTE: Registered 13. LETE 1.1 TI	utes. Agent signature	•	en reinstating) .	DATE		
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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 flustee 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90052 047 ***150.00