FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

, PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000007654
ARMAS MACHINE SHOP, INC.

Principal Place of Business

Mailing Address

FILED
Aug 20 1997 8:00am
Secretary of State

Fillicipal Flace	; Of Dusiness	Mining Address					
	W 23rd Street	2655 NW 23r					
Miami,	F1. 33142	Miami, Fl. 33142		3. Date Incorporated or Qualified	Incorporated or Qualified 3a. Date of Last Report		
2. Principal Pla	ace of Business	2a. Making Address			1		Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	7 p Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Reg	istered Agent	
RAFAEL	GONŽALEZ-LABRADA	A	81	Name Street Add	dress (P.O. Box Number is Not Acceptabl	e)	
	7 27th Ave. Suite F1. 33142	408A	83	3	<u> </u>		<u></u>
Miami,	FI. 33142		84	City		FL 85	Zip Code
office or re	o the provisions of Sections 607.0502 (ogistered agent, or both, in the State of in familiar with, and accept the obligation	Florida Such change was a	uthorized b	y the corpora	poration submits this statement for the pu ation's board of directors. I hereby accep	rpose of changing the appointment	ng its registered t as registered
SIGNATURE				·-·			
	Signature, typicd or printed name of registered agent in			ent signature requ	ured when reinstating)	DATE DISEA	000 111 40
12.	Pres. Sec. Trea		13.		ADDITIONS/CHANGES TO OFFICE		ge Addition
TITLE NAME		. C DIII	1.2 NAME	ŀ			go 🗀 Assillori
STREET ADDRESS	AIDA GUNTIN	Hislash Fl		1 ADDRESS			
***************************************	1050 W. 32 St. 1	33012	1.4 CITY-				
CITY-ST-ZIP TITLE		DELETE	2.1.10()	31.71		Char	ge Addition
NAME			2.2 NAME			_	· —
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP			2 4 CITY -				
TITLE		DELF 1E	3 1 1ITLE			☐ Char	ge Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			Ï
CITY-ST-ZIP			3.4. CHY-	S1-7IP			
TITLE		☐ DELETE.	4 1 11TLF			☐ Char	ge Addition
NAME			4 2 NAM8				
STREET ADDRESS			4.3 \$1REE	1 ADDRESS			
CITY-ST-ZIP			4.4 CHY-	\$1-ZIP			
THILE		☐ DELFTE	51]-116			Char	ge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CITY-ST-ZIP			54 City-	S1-ZIP			
TITLE		DEFELE	61 TITLE		المناه المساور المناور والمناور	☐ Char	ige Addition
NAME			6.2 NAME		40000227 -08/22/97010		\mathcal{E}_{\perp}
STREET ADDRESS			63 STREE	1 ADDRESS	-U8/22/3(U1U	∩4R18 ↓	8.70
CITY+ST+ZIP			64 CITY-		***550.00		
14. I do hereb	y certify that the information supplied v	with this filing does not qualify	y for the exi	emption state	ed in Section 119.07(3)(i), Florida Statutes	. I further certify t	hat the

1. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual revolution 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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE

AIDA GUI

Aida Guntin President 08/15/97 305-634-6327