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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600033655 (7)

RAUL DE ARMAS AND ASSOCIATES, INC.

## FILED Feb 06 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  14523 S.W. 84TH STREET 14523 S.W. 84TH STREET MIAMI FL 33183-3608				<del></del>	
					3. Date incorporated or Qualified 3a. Date of Last Report 04/18/1996
2. Principal P	lace of Business	2a. Mailing Address	• • • • • • • • • • • • • • • • • • • •		4. FEI Number Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	······································		5 Certificate of Status Decired S8.75 Additional
City & State	3	27 City & State			Fee Required
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip Cour 29 30		,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
					10. Name and Address of New Registered Agent
DE A	ARMAS, RAUL	······································	81	Name	
14523 S.W. 84TH STREET			82	Street A	ddress (P.O. Box Number is Not Acceptable)
MIA	MI FL 33183		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 tappilar with, and accept the appointment of Section 607,0505, Florida Statutes.					
SIGNATURE	Significe, typed or profess range of registered agent a	• /\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		MA'S	equired when reinstating)  DATE
12.	OFFICERS AND [	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DE	<b>≥</b> , DELETE	1.1 TITLE		Prostación Change Addition d
NAME	ARMAS, RAUL		1.2 NAME		MIAMI, F/ 23183
STREET ADDRESS CITY-ST-ZIP	14523 S.W. 84TH STREET MIAMI FL 33183	· ·	1.3 STREET		M. 4m1 F/33183
TITLE	Persident	DELETE	2.1 TITLE	51-4IF	Change Addition
NAME	Be Anmas RAU	(   2 - 2	2.2 NAME		
STREET ADDRESS	14523 5.00 848	STROET	2.3 STREET	ADDRESS	
CiTY+ST-ZiP	Miami, FL 300	DELETE	2 4 City-:	ST-ZIP	Change Addition
TITLE NAME		□] Vetes€	3.3 TITLE 3.2 NAME	1	Caracterist Charge Caracterist Adultion
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY -		
TITLE	miles 187 APP miles to an area to area to an	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET		
CITY-SI-ZIP TITLE		DELETE	44 City-8	SI-ZIP	Change Addition
NAME			5.2 NAME		the state of the s
STREET ADDRESS		İ	5.3 STREET	ADORESS	
CITY+S1-ZIP	,		5.4 CITY-5	ST - ZIP	
THILE		OELETE	6.1 TETLE		Change Addition
NAME Proces appears to			6.2 NAME		
STREET ADDRESS			6.3 STREET	1	
14. 1 do here!	y cortify that the information supplied w	with this filing does not qualify to	64 CITY-S		ated in Section 119 07(3)(i) Florida Statutes. I further certify that the

4. I 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. 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** 

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-97 (306) 385-515)