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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000033655**1. Corporation Name

RAUL DE ARMAS AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4523 S.W. 84TH STREET	14523 S.W. 84TH STREET
AIAMI FL 33183	MIAMI FL 33183

# **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90123 028 \*\*\*150.00



	(D. :	Backley Address	•		- 1 (84)(68) 214 (6)(8 6)(1) 90(1) 40(1) 40(1)		••.
Principal Place		Mailing Address					
14523 S.W. 84T		14523 S.W. 84TH STREET					
MIAMI FL 33183	3	MIAMI FL 33183			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed	O. AUL	- <del></del>
			_		04/18/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21		26			65-0673091	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional
22		27			5. Certificate di Status Desired	Fee Re	equired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year In:	tangible	
24	25	29	30		Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered	Agent	
			<b>8</b>	Name			
	ARMAS, RAUL		-	32 Street Addr	ross (D.O. Boy Number is Not Assentable)		
1452	23 S.W. 84TH STREET		'	Street Addr	ress (P.O. Box Number is Not Acceptable)		]
MIAMI FL 33183			1	33			
			1	34 City	FL	85 Zip	Code
		22 and CO7 4EOO Flands Statuto	a tha abr	ave nemed core	oration submits this statement for the purpose of	changing its	registered
office or r	enistered agent or both in the State.	of Florida, Such change was au	thorized t	by the corporation	on's board of directors. I hereby accept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statut	es,		- 0	<u>ا</u> م
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable (NOTE: )	Registered A	gent signature require	d when reinstating) DATE	<u> </u>	<b>Z</b>
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AT		
TITLE	P	☐ DELETE	1.1 TITL	E	·	Change	☐ Addition
NAME	DE ARMAS, RAUL		1.2 NAM	E			
STREET ADDRESS	14523 S.W. 84TH ST		1.3 STR	EET ADDRESS			1
CITY-ST-ZIP	MIAMI FL		1.4 CITY	r-ST-ZIP			
TITLE	Vice prosiden				•		J
NAME		DELETE □ DELETE	2.1 TIπL	E		☐ Change	Addition
TOWNE	Jor Bamus A	DELETE	2.1 TITL			Change	Addition
CTDEET ADDOCCO	de Anmas R	DELETE  OS A // OF  OCUMENTS  OCUMEN	2.1 TITL:	E	1	Change	Addition
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CITY-ST-ZIP	NO ARMAS R 14523 S.W. MIRMI, FL	844454. 33183	2.1 TITU 2.2 NAM 2.3 STRI 2.4 CIT	EET ADDRESS Y-ST-ZIP		-	Addition
CITY-ST-ZIP		844454.	2.1 TITU 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITU	EET ADDRESS Y-ST-ZIP E	:	☐ Change	
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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 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, with all other like empowered.

SIGNATURE: