## 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

P960000 39887

DOCUMENT # DE ARMAS & COMPANY PURCHASING

Principal Place of Business

Sulte, Apt. #, etc

City & State

23

Mailing Address

9999 SW 68 STREET

SAME

Suite, Apt. #, etc.

City & State

27

MIAMI, FL 33173		
	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address 21 9999 5W 68 ST 26	4. FEI Number 65 - 0663363	Applied Not App

Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees

**FILED** 

Jun 17 1997 8:00am

Secretary of State

Applied For

Country Country U·S. 29 9. Name and Address of Current Registered Agent

5	_	Florida Stat	tutes	<b>₩</b> Yes	□ No	0. 100.002,
		10. Name and	Address of Ne	w Registered	Agent	
	81 Name	ARTHA SP	10601	,		
	82 Street	Address (P.O. Box Nun	nber is Not Acce			Avenue
	83					
	84 City	<del></del>			85 Zip	Code

FL | 33/57 1 miami

<ol> <li>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.</li> </ol>							
SIGNATURE AMADUM SOURCE (NOTE: Recistored Agent signature required when reinstating)  OATE							
12,	Signature, typed or printed name of registered agent and title if applicate OFFICERS AND DIRECTORS	olo (NOTE: F	13.	ADDITIONS/CHANGES TO OFFICERS AND DIT	RECTORS IN 12	ᅱ	
TITLE	PRESIDENT/ DIRECTOR	DELETE	1.1 TITLE		Change Additio	on l	
NAME	GINGER DEARMAS		1,2 NAME	_			
STREET ADDRESS	9999 SW 68 ST		1.3 STREET ADDRESS			-	
CITY-ST-2IP	MIAMI, FL 33173		1.4 CITY-ST-ZIP				
TITLE	TREASURED	DELETE	21 TITLE		Change Additio	n (	
NAME	DENNE DO DEARMAS		2.2 NAME			-	
STREET ADDRESS	9999 SW 68 ST		2,3 STREET ADDRESS			- [	
CITY-\$T-ZIP	MIAMI, FL 33173		2. 4 CITY - ST - ZIP	,			
_TITLE		☐ DELETE	3.1 TITLE		Change	n.	
NAME			3.2 NAME			- 1	
STREET ADDRESS		1	3 3 STREET ADDRESS				
CITY-ST-ZIP			3 4. CITY - ST - ZIP				
TITLE		DELETE	4.1 TITLE		Change Addition	ın	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE		Change Additio	'n	
NAME			5.2 NAME		( 2) (	1	
STREET ADDRESS			5.3 STREET ADDRESS		D 11,	1	
CITY-ST-ZIP			5 4 CITY-ST-ZIP		(e)	ĺ	
TITLE		DELETE	6.1 TITLE		Change Addition	'n	
NAME			6.2 NAME	soooaa15a§			
STREET ADDRESS			6 3 STREET ADDRESS	-06/18/970101603! ***185_00	5		

14. 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 awarchment with an address. 305-271-

SIGNATURE: