

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 # P96000042924 (6)

1. Corporation Name

ARMANDO'S AREPAS, INC.

Principal Place of Business

14363 SW 142 STREET
MIAMI FL 33186

Mailing Address

14363 SW 142 STREET
MIAMI FL 33186-6726

3. Date Incorporated or Qualified

05/13/1996

3a. Date of Last Report

4. FEI Number

65-0672439

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

OSPINA, ARMANDO
14363 SW 142 STREET
MIAMI FL 33186

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D OSPINA, ARMANDO
STREET ADDRESS
14363 SW 142 STREET
CITY-ST-ZIP
MIAMI FL 33186

TITLE ☐ DELETE

NAME
D OSPINA, INES
STREET ADDRESS
14363 SW 142 STREET
CITY-ST-ZIP
MIAMI FL 33186

TITLE ☐ DELETE

NAME
D OSPINA, JORGE A
STREET ADDRESS
14363 SW 142 STREET
CITY-ST-ZIP
MIAMI FL 33186

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 attachment with an address.

SIGNATURE: *Armando Ospina* Date: 04/15/97 (96) 00000000

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (9/96)

July 31, 1997

pg. 2

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314.

Please check your records because this is the second time this is send back to us, 1ST. the box #4 was incomplete we filled out the Federal ID# and send it again and know for the second time you send it again. I called your office at # 1-904-487-6059 option #2 explained the situation and spoke to someone named Sandra she said to send it again with a letter explaining the problem please let me know where this situation is standing.

Sincerely,

Richard

NOTE:

RETURN LETTER
ATTN: LISBET Sosa
305-688-1716. OR