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 # P96000087731 (1)

ARMAND CORPORATION

Principal Place of Business

SIGNATURE:

Mailing Address

10595 SW 58 ST. MIAMI FL 33173

10595 SW 58 ST. MIAMI FL 33173-2857

FILED Feb 14 1997 8:00am Secretary of State



				10/24/1996	ite of Last Report
	lace of Business	2a. Mailing Address	1	4. FEI Number	Applied For
21 826		26 8760W. F	leghist	65-0702803	Not Applicable
Suite, Apt	#, etc. 2	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	C .	City & State	41	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation has liability for intangible	
24 35/	14 25 JADG	29 33/14 30	SADE	Florida Statutes Yes] No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
	EAGE, AURELIO R		81 Name	PUREUD R ARTEAG	A-
10595 SW 58 ST. Miami FL 33173			L	dress (P.O. Box Number is Not Acceptable)	<u> </u>
			83		
I			84 City		85 Zip Code
İ			[5.]	<u>_FL</u>	50 27 44 4
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State o rn familiar with, and accept the obligati	f Florida. Such change was auth	orized by the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing its registered ointment as registered
SIGNATURE	Signature, typed or printed rian bioling-sterod agent	and title 1 applicable. (NOTE: Ri	egistered Agent signature requ		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	DPT	☐ DELETE	1.1 TITLE	•	Change Addition
NAME	ARTEAGA, AURELIO R		1.2 NAME		
STREET ADDRESS	10595 SW 58 ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY - ST - ZIP		
TITLE	DVS	L_] DELETE	2.1 TITLE		L Change L Addition
NAME	PIRELA, MARIANNE R		2.2 NAME		
STREET ADDRESS	10595 SW 58 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		2.4 CITY+SY-ZIP		
TITLE	***	☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS		·	3 3 STREET ADDRESS		
CHY-ST-ZIP		7.15000000000000000000000000000000000000	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		······	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		1
STREET ADDRESS		•	5.3 STREET ADDRESS		
CiTy - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE	-	☐ DELETE	6.1 TITLE		Change Addition
NAME		•	62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-ZIP			64 CITY-ST-ZIP		
informatio Lam an of	on indicated on this annual tenort or su	pplementa: annual report is true ne receiver or trustee empowere	and accurate and the ed to execute this rep	ed in Section 119.07(3)(i), Florida Statutes. I furthe at my signature shall have the same legal effect et ort as required by Chapter 607, Florida Statutes; a	s if made under oath: that l