

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102523 (3)

1. Corporation Name
NDM & ASSOCIATES, INC.



Principal Place of Business
11651 SW 9TH COURT
PEMBROKE PINES FL 33025

Mailing Address
11651 SW 9TH COURT
PEMBROKE PINES FL 33025-4322

| | |
|---|--------------------------------|
| 3. Date Incorporated or Qualified 12/20/1996 | 3a. Date of Last Report N/A |
| 4. FEI Number 65-0722907 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21 15915 N.W. 57 AVE. Suite, Apt. #, etc. 22 N/A | 2a. Mailing Address 26 11651 S.W. 9 COURT Suite, Apt. #, etc. 27 N/A |
| 23 City & State MIAMI, FLORIDA | 28 City & State PEMBROKE PINES, FL |
| 24 Zip 33014 | 25 Country USA |
| 29 Zip 33025 | 30 Country USA |

9. Name and Address of Current Registered Agent

ARMENTEROS, IBRAHIM JR.
11651 SW 9TH COURT
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name SAME |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City FL |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 607.002 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: IBRAHIM ARMENTEROS JR. P RESIDENT
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

04/15/97
DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | VICE - PRESIDENT JOSEFINA JULIANA ARMENTEROS 11651 S.W. 9 COURT PEMBROKE PINES, FLORIDA 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | PRESIDENT IBRAHIM ARMENTEROS JR. 11651 S.W. 9 COURT PEMBROKE PINES, FLORIDA 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: IBRAHIM ARMENTEROS JR. REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/97 (305) 430 - 8007

Date Day in Month Year 0001997

CR2E034 (9/96)