

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

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000093835 (1)**  
1. Corporation Name  
**ARMPRO INTERNATIONAL, CORPORATION**

**FILED**  
**98 JUL 17 PM 1:45**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



Principal Place of Business      Mailing Address  
**1625 Northwest 20 Street      1625 Northeast 20 St**  
**Miami, Florida 33142      Miami, Florida 33142**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		11/ 03/ 1997			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0793376		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution			
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**AMERILAWYER**  
**343 Almeria Avenue**  
**Coral Gables, FL 33134**

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

11. Pursuant to the provisions of Sections 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATAR, ALFREDO R.	1.2 NAME	
STREET ADDRESS	1625 Northwest 20 Street	1.3 STREET ADDRESS	400002595304--9
CITY-ST-ZIP	Miami, Florida 33142	1.4 CITY-ST-ZIP	-07/22/98--01054--005
TITLE	SV <input type="checkbox"/> DELETE	2.1 TITLE	****150.00 ****150.00
NAME	RODRIGUEZ, DIAREN	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1625 Northwest 20 Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33142	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

*[Signature]*

07/16/98

(305) 545-9332

CR2E034 (9/96)

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**AFFIDAVIT IN SUPPORT OF  
REQUEST TO WAIVE THE  
FLORIDA DEPARTMENT OF STATE  
CORPORATE PENALTY FEES**

STATE OF FLORIDA       )  
                                  )  
COUNTY OF DADE       )

1. Alfredo R. Matar is the President of ARMPRO INTERNATIONAL CORPORATION, a Florida corporation, (herein "Corporation").
2. That the Corporation failed to file its 1998 Annual Report or pay the 1998 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
  - 2.1 the Corporation was without knowledge that it was required to file its Annual Report and pay the Annual Report filing fee to the Florida Department of State; and,
  - 2.2 the first notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation.
3. The Corporation requests the Florida Department of State waive the penalty fee and accept the 1998 Annual Report and the \$150.00 Annual Report Fee which are presented simultaneously with this Affidavit.
4. ARMPRO INTERNATIONAL CORPORATION satisfies the requirements of the Florida Statutes 607.0401.

Dated: 16th day of July, 1998

**FURTHER, AFFIANT SAYETH NOT**

ARMPRO INTERNATIONAL CORPORATION

By: Alfredo R. Matar  
Alfredo R. Matar, President

**SWORN AND SUBSCRIBED**

before me this 16 day of July, 1998.

Elsie Sanchez  
Notary Public, State of Florida at Large  
Printed Name: \_\_\_\_\_  
Commission Expires: \_\_\_\_\_  
Commission # CC 741325  
Expires June 21, 2002  
BONDED THRU ATLANTIC BONDING CO., INC.