

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

FILED
Jun 17 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 # **S126666**
 Corporation Name
DE ARMAS & COMPANY, P.A.

Principal Place of Business Mailing Address
9999 S.W. 68 STREET MIAMI, FL 33173 SAME

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 3. Date Incorporated or Qualified 01-01-91 | | 3a. Date of Last Report | |
| 2. Principal Place of Business 21 9999 SW 68 ST MIAMI | | 2a. Mailing Address 26 | |
| 4. FEI Number 65-0234471 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|-------------------------------------------------|--|--|--|-----------------------------------------------------------------------------------|--|-----------------------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 Name MARTHA SPIEGEL | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 9031 SW. 187 TERR | | | |
| | | | | 83 | | | |
| | | | | 84 City MIAMI | | | |
| | | | | FL | | 85 Zip Code 33157 | |

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 **Martha Spiegel** DATE **6-11-97**

| | | | | | | | |
|----------------------------|---------------------------|---------------------------------|--|-------------------------------------------------------|---------------------------------|-----------------------------------|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PRESIDENT/DIRECTOR | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | REINALDO DEARMAS | | | 1.2 NAME | | | |
| STREET ADDRESS | 9999 SW 68 ST | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33173 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | TREASURER | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | GINGOR DE ARMAS | | | 2.2 NAME | | | |
| STREET ADDRESS | 9999 SW 68 ST | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33173 | | | 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]** DATE: **5/25/97** DAYTIME PHONE: **305-271-5573**

CR2E034 (9/96)