

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 410078 (0)

1. Corporation Name  
**A.M.F.A.K. INC.**



Principal Place of Business

3160 S.W. 22 STREET  
MIAMI FL 33145

Mailing Address

3160 S.W. 22 STREET  
MIAMI FL 33145

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

**CARON, EDWARD**  
3160 S.W. 22 STREET  
MIAMI FL 33145

3. Date Incorporated or Qualified

10/04/1972

3a. Date of Last Report

01/25/1995

4. FEI Number

59-1426484

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0612 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0625, Florida Statutes.

SIGNATURE

Signature of person authorized to file this report

Signature of Agent for Change of Registered Office or Agent

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	[ ] DELETE
PD	CARON, EDWARD	3160 CORAL WAY	MIAMI FL	
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	[ ] Change	[ ] Addition
				[ ] Change	[ ] Addition
				[ ] Change	[ ] Addition
				[ ] Change	[ ] Addition
				[ ] Change	[ ] Addition
				[ ] Change	[ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 assignee of the corporation; that I have not been removed from office by the Department of State; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Caron

3/5/96 (305) 446-5766

CR2E034 (12/95)