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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L82171

(4)

AVAM EVENET & IMPORT

% MARIA AMOROSI

ATMA	CAPUNI	& IMPONI	CO.	

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Principal Place of Business

Mailing Address

\* Maria Amorosi
1001 SW 63RD AVE
MIAMI FL 33144-4923

FILED
May 02 1997 8:00am
Secretary of State



1001 SW 63RD MIAMI FL 33144		MIAMI FL 33144-4923			
MINNI PE SSIT	•			3. Date Incorporated or Qualified 06/21/1990	3a. Date of Last Report 04/19/1996
	ace of Business OS NW 740VE	2a. Mailing Address 26 4408 N	W 74 BUR	4. FEI Number 65-0198428	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	nmi FJ	City & State  28 Mi'a mi	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
一つろ	166 25 U.S.P.	<sup>Zip</sup> 33/66 3	Country USA	9. This corporation has liability for	intangible tax under s. 199.032, Yes No
4 00	9. Name and Address of Curren			10. Name and Address of New Ro	
AMC	PROSI, MARIA		81 Name		
	NW 74 AVE		82 Street Add	dress (P.O. Box Number is Not Acceptal	nlo)
	VI FL 33166		bz Street Auc	diess (F.O. Box Northbell is Not Acceptate	лој
••••			83		
			84 City		FL 85 Zip Code
	10 10 007 050	0 1 COZ 1500 Clasida Otobulos	the shows named as	rporation submits this statement for the	
office or r	egistered agent or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized by the corpora	ation's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	Signature, typed or periled name of registered age	ent and title if applicable. (NOTE:	Registered Agent signature requ		DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
1HLF	DPT	☐ DELETE	1.1 TITLE		Change Addition
NAME	amorosi, andres		1.2 NAME	HUODAU) ZU AD	E
STREET ADDRESS	1001 SW 63RD AVE		1.3 STREET ADORESS	440811W74 BV	F
CITY - ST - ZIP	Miami FL	•	1.4 CITY-ST-ZIP	1408 NW 74 DU MI'OMI, FL 3	33/66
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAMÉ			2.2 NAME	·	
STREET ADDRESS			2.3 STREET ADDRESS	•	
City - S1 - ZiP			2. 4 CITY-ST-ZIP		
TILE		☐ DELETE	3.1 TITLE		Change Addition
NAME:			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City - St - ZiP			3.4. CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME	•	
STREET ADDRESS	i		4.3 STREET ADDRESS		A Company of the Comp
			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	•	
STHEFT ADDRESS CITY: ST: ZIP TITLE		☐ DELETE	1		Change Addition
CITY- ST- ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
CHY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Additi
CHY-ST-ZIP THEE NAME STREET ADORESS		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME		Change Additi
CHY-ST-ZIP THEF NAME		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CHY-ST-ZIP TITLE NAME STREET ADORESS CHY-ST-ZIF TITLE		<del>-</del>	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		
CHY-ST-ZIP TITLE NAME STREET ADORESS CHY-ST-ZIF TITLE NAME		<del>-</del>	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		
CHY-ST-ZIP TITLE NAME STREET ADORESS CHY-ST-ZIF TITLE		<del>-</del>	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		

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 innual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the Lam an officer or director of the carbitation or the receiver outrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block participancy or on an attaching with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR

4-1-9-7 (305)477-476