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

FILED Feb 12 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M18130 AMK TRADING, INC. Principal Place of Business Mailing Address 8390 NW 53RD ST., #323 8390 NW 53RD STREET MIAMI FL 33166 **SUITE 323** DO NOT WRITE IN THIS SPACE MIAM! FL 33166 3. Date Incorporated or Qualified 07/17/1985 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2566122 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional V 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Zıp Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ZAREMBA, FRANK W. 1402 THIRD AVENUE WEST 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** 83 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE TRUDELL, PHILIP NAME 1.2 NAME 8390 NW 53 ST, STE 323 STREET ADORESS 1.3 STREET ADDRESS MIAMI FL 33/66 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

DELETE

nged or on an attachment with an address

6.1 TITLE

6.2 NAME

6.3 STREET ADORESS 6.4 CITY-ST-ZIP 14. I 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 arrival 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

SIGNATURE:

TITLE NAME

STREET ADDRESS

30 JAH 98

305-599-1154

Change

Addition