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**Apr 23 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 # P93000034386 (1)
1. Corporation Name
AMKGS REGISTERED AGENTS, INC.



Principal Place of Business: **ONE S.E. THIRD AVE., SUITE 1980 MIAMI FL 33131**
Mailing Address: **ONE S.E. THIRD AVE., SUITE 1980 MIAMI FL 33131-1714**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **05/12/1993**
3a. Date of Last Report: **03/14/1996**
4. FEI Number: **65-0408960**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ABALLI, ARTURO J JR
ONE S.E. THIRD AVENUE
SUITE 1980
MIAMI FL 33131**

10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ABALLI, ARTURO J JR	
STREET ADDRESS	300 S BISCAYNE BLVD SUITE 2000 Suite 1980	
CITY-ST-ZIP	MIAMI FL One S.E. Third Ave.,	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MILNE, HENDRIK G	
STREET ADDRESS	200 S BISCAYNE BLVD SUITE 2000 Suite 1980	
CITY-ST-ZIP	MIAMI FL One S.E. Third Ave.,	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	KALIL, CRAIG P	
STREET ADDRESS	200 S BISCAYNE BLVD SUITE 2000 Suite 1980	
CITY-ST-ZIP	MIAMI FL One S.E. Thjrd Ave.,	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GARRIGO, SILVIA M	
STREET ADDRESS	200 S BISCAYNE BLVD SUITE 2000 Suite 1980	
CITY-ST-ZIP	MIAMI FL One S.E. Third Ave.,	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ana Maria Escagedo	
1.3 STREET ADDRESS	One S.E. Third Ave., Suite 1980	
1.4 CITY-ST-ZIP	Miami, Florida 33131	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: _____ DATE: **4/16/97** DAYTIME PHONE #: **305/373-6600**

CR2E034 (9/96)