

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000013992 (0)

1. Corporation Name

AMBERT INC.



Principal Place of Business

Mailing Address

C/O CBA ASSOC., P.A.
1011 IVES DAIRY RD., #210
N MIAMI BEACH FL 33179

C/O CBA ASSOC., P.A.
1011 IVES DAIRY RD., #210
N MIAMI BEACH FL 33179

2. Principal Place of Business

2a. Mailing Address

21 c/o CBA Associates, PA

26 CBA Associates, PA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2650 NE 189 Street

27 2650 NE 189 Street

City & State

City & State

23 N Miami Beach

28 N Miami Beach

Zip

Country

Zip

Country

24 33180

25 Dade

29 33180

30 Dade

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/17/1994

3a. Date of Last Report

04/26/1995

4. FEI Number

65-0475315

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

AIN, CLIFFORD B
1011 IVES DAIRY RD
#210
N MIAMI BEACH FL 33179

81 Name

Ain, Clifford B.

82 Street Address (P.O. Box Number is Not Acceptable)

2650 NE 189 Street

83

84

N Miami Beach

FL

85

33180

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

Clifford B. Ain CLIFFORD B. AIN

1/30/96

Signature of individual or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME ALLEN, AMY
STREET ADDRESS 12000 N. BAYSHORE DR. APT. #107
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE ☐ DELETE

NAME VP
STREET ADDRESS DONNER, LARNA
1350 99 ST.
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE ☐ DELETE

NAME ST
STREET ADDRESS KATZ, LENORE
200 E. 72ND ST.
CITY-ST-ZIP NEW YORK NY 10021

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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: X

AMY E. ALLEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X FEB. 1, 1996 X (305) 893-4733
Date Daytime Phone #

CR2E034 (12/95)