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CORPORATION ANNUAL REPORT 1995



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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000026208 (6)

1. Corporation Name

AMBAR FINANCE INCORPORATED

Principal Place of Business

501 NW 37 AVE MIAMI FL 33125

Mailing Address

501 NW 37 AVE MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1984

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0482336

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

9. Name and Address of Current Registered Agent

SILVA, LOUIS E 501 NW 37 AVE MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 printed name of registered agent and filer if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | Secretary |
| NAME | Carmen Marrero |
| STREET ADDRESS | 3250 SW 87th Place |
| CITY-ST-ZIP | Miami, Fl 33165 |
| TITLE | President |
| NAME | Miguel Alvarez |
| STREET ADDRESS | 10470 SW 20th street |
| CITY-ST-ZIP | Miami, Fl. 33165 |
| TITLE | Asst Vice President |
| NAME | Hector Marrero |
| STREET ADDRESS | 3250 SW 87th Place |
| CITY-ST-ZIP | Miami, Fl. 33165 |
| TITLE | Treasure |
| NAME | Louis Silva |
| STREET ADDRESS | 7330 SW 112th Place Circle |
| CITY-ST-ZIP | Miami, Fl. 33173 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------|--------------------------|
| 1.1 TITLE | Change | Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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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)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: X

(Signature and typed or printed name of signing officer or director)