

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified <b>04/04/1994</b>	3a. Date of Last Report <b>03/30/1995</b>
4. FEI Number <b>65-0482336</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26 <b>501 NW 37 AVE</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 <b>Miami Florida</b>
24 Zip	29 <b>33125</b>
25 Country	30 <b>U.S.A.</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SILVA, LOUIS E 501 NW 37 AVE MIAMI FL 33125</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL 85</b> 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]* (NOTE: Registered Agent's signature required if not existing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARRERO, CARMEN</b>	1.2 NAME	
STREET ADDRESS	<b>3250 S.W. 87TH PLACE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33165</b>	1.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVAREZ, MIGUEL</b>	2.2 NAME	
STREET ADDRESS	<b>10470 S.W. 20TH ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33165</b>	2.4 CITY - ST - ZIP	
TITLE	<b>AVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARRERO, HECTOR</b>	3.2 NAME	
STREET ADDRESS	<b>3250 S.W. 87TH PLACE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33165</b>	3.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVA, LOUIS</b>	4.2 NAME	
STREET ADDRESS	<b>7330 S.W. 112TH PLACE CIRCLE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33173</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *[Signature]* (NOTE: Signature and typed or printed name of signing officer or director) (DATE) **4-29-96**

CR2E034 (12/95)