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

PROFIT ∴ CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000013893

1. Corporation Name

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90045 019 ***155.00

amazon 	HOLDINGS, INC.						
Principal Place	o of Business	Mailing Address				#101	(8193
'		16855 N.E. 2ND AVENUE			1		
16855 N.E. 2ND AVENUE							
NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33			3162	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 02/07/1996		
2 Principal D	lace of Business	2a. Mailing Address			4. FEI Number		olied For
	acc of Business	26			NOT APPLICABLE		Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A	
22	real control of the second of	27	. ر - ــــــ	وهم سيت ارو	_5. Certificate of Status Desired L	Fee Rec	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	'	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			į
LEVINE, JACK				Street Addr	ress (P.O. Box Number is Not Acceptable)		
16855 N.E. 2ND AVENUE, #303			82	Oli Oct Add.	oso (i .o. Bex Hamber to Her seepleste)		
NOR	ITH MIAMI BEACH FL 33162		83				
			84	City		85 Zip C	ode
				} ′		-L <u> </u>	
office or r	egistered agent, or both, in the State on m familiar with, and accept the obligation	of Florida. Such change was audions of, Section 607.0505, Flori	thorized by da Statutes	the corporation	oration submits this statement for the purposon's board of directors. I hereby accept the appropriate the submit of the purposon's board of directors. I hereby accept the appropriate the purposon of the pur	opointment as reg	jistered
40	Signature, typed or printed name of registered agent OFFICERS ANI		13.	nt signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	PD .	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICER	Change	Addition
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STREET ADDRESS	NORTH MIAMI BEACH FL 3316		I .		· ·		İ
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CITY-ST-ZIP	NORTH MIAMI BEACH FL 3316						- 1
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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 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 changes, or on an attachment with an address, with all office in the empowered.

SIGNATURE

Daytime Phone #