

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

**FILED**

**Jan 27 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 # P96000034563 (2)**

1. Corporation Name  
**AMAZON GROUP CORP.**



Principal Place of Business  
**8356 SW 8 STREET  
MIAMI FL 33144**

Mailing Address  
**8356 SW 8 STREET  
MIAMI FL 33144-4180**

3. Date Incorporated or Qualified  
**04/17/1996**

3a. Date of Last Report

4. FEI Number  
**65-0663118**

Applied For  
 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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

25. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**ZUNIGA, MARIA P  
20048 NW 88 COURT  
MIAMI FL 33015**

10. Name and Address of New Registered Agent

81. Name  
**ROBERTO ARENAS**

82. Street Address (P.O. Box Number is Not Acceptable)  
**8182 SW 163 AV**

83.

84. City  
**Miami**

85. Zip Code  
**FL 33193**

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]* DATE **1/15/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PTD ARENAS, PATRICIA P**

STREET ADDRESS **2201 S.W. 138TH AVE.**

CITY-ST-ZIP **MIAMI FL 33175**

TITLE  DELETE

NAME **VSD ARENAS, ROBERTO**

STREET ADDRESS **2201 S.W. 138TH AVE.**

CITY-ST-ZIP **MIAMI FL 33175**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PTD**  Change  Addition

1.2 NAME **ARENAS, PATRICIA**

1.3 STREET ADDRESS **8182 SW 163 AV**

1.4 CITY-ST-ZIP **Miami, FL 33193**

2.1 TITLE **VSD**  Change  Addition

2.2 NAME **ARENAS, ROBERTO**

2.3 STREET ADDRESS **8182 SW 163 AV**

2.4 CITY-ST-ZIP **Miami, FL 33193**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME **800002072438**

6.3 STREET ADDRESS **-01/29/97--01053--032**

6.4 CITY-ST-ZIP **\*\*\*165.00**

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: *[Signature]* DATE **1/15/97** DAYTIME PHONE # **(305) 2658770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)