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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1

1 22

Service 1

23

24

Žip

P97000071682 (3)

26

29

9. Name and Address of Current Registered Agent

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

AMATRANS INC.

2. Principal Place of Business

25

9625 SW 117TH CT.

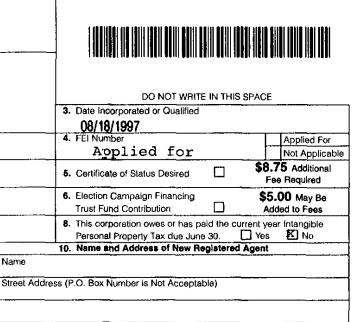
MIAMI FL 33186

Suite, Apt. #, etc.

City & State

Principal Place of Business	Mailing Address
9595 NW 897H AVE.	9595 NW 89TH AVE.
MEDLEY FL 33178-1405	MEDLEY FL 33178-1405

FILED Apr 28 1998 8:00am Secretary of State



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

83

Country

Name

agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Floi	ida Statutes.			-
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signature requir	ed when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Ö	☐ DELETE	1.1 TITLE	·	☐ Change	Addition
NAME	OTERO, VICTOR		1.2 NAME			
STREET ADDRESS	9625 SW 117TH CT.		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY - ST - ZIP			
TITLE	D	DELETE	2.1 TITLE		☐ Change	Addition
NAME	CHALUJA, MARIO		2.2 NAME			
STREET ADDRESS	242 NW 60TH AVE.		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126		2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	• 11 11 11 11 11 11 11 11 11 11 11 11 11	Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		_	
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STAEET ADDRESS			
CITY-ST-ZIP			5 4 City-St-ZiP			
TITLE		☐ DELETE	6.1 TITLE	· — — — — — — — — — — — — — — — — — — —	☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS	1		6.3 STREET ADDRESS			
CITY OT 7ID	1		C 4 C 17V C 7 7 10			

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 trusted 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, of the corporation of the corporation of the corporation and the supplemental annual report of the corporation of the corpora

SIGNATURE:

Victor Otero-President 03-18-98 (305)885-0737

Zip Code