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**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # S87624 (0)

1. Corporation Name

AMY'S ENTERPRISES, INC.



Principal Place of Business

**4000 S.W. 134TH AVENUE
MIAMI FL 33175**

Mailing Address

**4000 S.W. 134TH AVENUE
MIAMI FL 33175**

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

25

29

30

9. Name and Address of Current Registered Agent

**MONTENEGRO, ELSA
4000 S.W. 134TH AVENUE
MIAMI FL 33175**

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 607.02(2)(a) and 607.02(2)(b), Florida Statutes, the above named corporation hereby makes 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. Thereby it accepts the department as registered agent. I am familiar with and accept the obligations of Sections 607.02(2)(a) and 607.02(2)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	SD	☐ DELETE
NAME	MONTENEGRO, JULIO	
STREET ADDRESS	4000 S.W. 134TH AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	PD	☐ DELETE
NAME	MONTENEGRO, ELSA	
STREET ADDRESS	4000 S.W. 134TH AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I declare, certify, that the information supplied herein is true and correct, and that I am not a director, officer, or shareholder of the corporation named in this report. 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 named in this report, and that I am a shareholder of the corporation named in this report. I declare that the information appears in Block 12 or Block 13 is changed or corrected to that which is true.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/4/96 305 823 4903

CR2E034 (12/95)