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Apr 15 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 # V52975

(2)

1. Corporation Name
AMICHI ENTERPRISES INC.

Principal Place of Business
1390 S. DIXIE HWY.
SUITE 2110
CORAL GABLES FL 33134
US

Mailing Address
1390 S. DIXIE HWY.
SUITE 2110
CORAL GABLES FL 33146-2944
US

3. Date Incorporated or Qualified
07/24/1992

3a. Date of Last Report
04/15/1996

2. Principal Place of Business
21 4970 SW 72 AVE
Suite, Apt #, etc.

2a. Mailing Address
26 4970 SW 72 AVE
Suite, Apt #, etc.

4. FEI Number
65-0352494

Applied For
Not Applicable

22 DAY 10Y
City & State

27 DAY 10Y
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Miami FL
Zip

28 Miami FL
Zip

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 33155 25 USA
Country

29 33155 30 USA
Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUZMAN, SAMUEL
439 ALMERIA AVE.
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5712 GRANADA Blvd.

83

84 City

CORAL Gables

FL

85 Zip Code

33146

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: typed or printed name of registered agent and box if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GUZMAN, SAMUEL
STREET ADDRESS 439 ALMERIA AVE.
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
5712 GRANADA Blvd.
CORAL Gables, FL. 33146

TITLE STD
NAME MAYORAL, MARIA C.
STREET ADDRESS 439 ALMERIA AVE.
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
5712 GRANADA Blvd.
CORAL Gables, FL. 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Samuel Guzman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97 305-666-8995
Date Daytime Phone #

CR2E034 (9/96)