

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P08276 (8)

1. Corporation Name

AMTEXT INC.



Principal Place of Business

11900 BISCAYNE BLVD., SUITE 200
MIAMI FL 33181

Mailing Address

11900 BISCAYNE BLVD., SUITE 200
MIAMI FL 33181

3. Date Incorporated or Qualified

12/04/1985

3a. Date of Last Report

05/01/1995

4. FEI Number

22-2660400

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLANCHE, PAULA C
11900 BISCAYNE BLVD.
STE. 200
MIAMI FL 33181

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 607.0502 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 title 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 ☐ DELETE
NAME NATHAN, CHARLES B.
STREET ADDRESS 5005 COLLINS AVE., #521
CITY-ST-ZIP MIAMI BEACH FL

TITLE S ☐ DELETE
NAME ALAIMO, SUSAN
STREET ADDRESS 11900 BISCAYNE BLVD 200
CITY-ST-ZIP MIAMI FL 33181

TITLE T ☐ DELETE
NAME BLANCHE, PAULA C.
STREET ADDRESS 2 PALM BAY LANE #709
CITY-ST-ZIP MIAMI FL

TITLE DAS ☐ DELETE
NAME JACOBS, ROBERT, A
STREET ADDRESS ONE CHASE MANHATTAN PLZ
CITY-ST-ZIP NEW YORK NY

TITLE VD ☐ DELETE
NAME DELASKI, DON
STREET ADDRESS 8280 GREENSBORO DR., STE 300
CITY-ST-ZIP MCLEAN VA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

(same) ☒ Change ☐ Addition

(same)
11900 Biscayne Blvd., #200
Miami, FL 33181

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Paula C. Blanche, Treasurer

4/24/96

305-892-0900

Date

Daytime Phone #

CR2E034 (12/95)