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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400005843 (5)

AMPERS	Sand Design Group, Inc	•					
Principal Place of Business 7575 N.W. 50TH ST. MIAMI FL 33166		Mailing Address 7575 N.W. 50TH ST. MIAMI FL 33166-5553					
					3. Date Incorporated or Qualified 01/25/1994	3a. Date of Last R 06/19/1996	leport
2. Principal Place of Business 21		2a. Mailing Address	2a. Mailing Address 26		4. FEI Number 65-0527795	Applied For Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc	······································		5. Certificate of Status Desired	<b>\$8.75</b>	Additional equired
City & Stat	e	C-ty & State			Election Campaign Financing     Trust Fund Contribution	\$5.00	May Be
Zip 24	Country	28 Zip 29	Country		8. This corporation has liability for		
24	25 9. Name and Address of Curren		[30]		10. Name and Address of New Re		
GOI	NZALEZ, JUAN A		81	Name	10	3	
757	5 N.W. 50TH ST. MI FL 33166		82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)	
MIN	mi 1 L 30 100		83			<del></del>	
			84	City		FL 85 Zip	Code
office or r	to the provisions of Sections 607 050, registered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was	authorized by	v the corpora	poration submits this statement for the patients board of directors. I hereby acce	ourpose of changing it pt the appointment as	ts registered registered
Olono (Torre	Stgriation, typed or protect carrie of logistered and	oldesigget sombretn	1F: Registered Age	ent signature requ	uired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
THILE	D CONTACT MAN A	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	GONZALEZ, JUAN A		1.2 NAME				
STREET ADDRESS	7575 N.W. 50TH ST.		1.3 STREET				
CITY- SF-7iP	MIAMI FL 33168	DELETE	1.4 CITY - S	ST-ZIP		Change	Addition
THE			2.1 TITLE 2.2 NAME			L. Change	L.J Audilion
NAME STREET ADDRESS			2.2 NAME 2.3 STREET	000000	•	Automotive Contraction	
CITY-ST-ZIP			2 4 C!TY -:				
Tiflé			3 1 TITLE	31-2.11		Change	Addition
NAME			3.2 NAME				_
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	I ADDRESS			
C-TY - ST - ZIP			4.4 CiTY - 5	ST-ZIP			
TillE		☐ DELETE	5 1 TITLE		All the state of t	Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST ZIP			54 CHY-5	ST-ZIP			
7.111.5		DELETE	61 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREET	ADDRESS			

14. Ido 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 corporation of th

64 CiTY-ST-ZIP

SIGNATURE:

URE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/2/92 (30r) 591-9023

**FILED** 

Jan 17 1997 8:00am

Secretary of State