

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

**FILED**

**Mar 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J30686 (6)**

1. Corporation Name  
**A.M.A. INC.**



Principal Place of Business <b>4355 S.W. 129TH PLACE MIAMI FL 33175</b> <i>delete</i>	Mailing Address <b>1330 SW 57 AVENUE MIAMI FL 33144</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1330 SW 57 AVE</b> Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>08/26/1986</b>	
22 City & State 23 <b>MIAMI FL</b>		27 City & State 28		4. FEI Number <b>59-2714722</b> Applied For Not Applicable	
24 Zip <b>33144</b>		25 Country <b>U.S.A.</b>		29 Zip	
30 Country		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$5.00 May Be Added to Fees</b>	

**9. Name and Address of Current Registered Agent**

**ABAD, ARMANDO  
1330 S.W. 57 AVENUE  
MIAMI FL 33144**

**10. Name and Address of New Registered Agent**

81 Name **ABAD, ARMANDO. A.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6242 SW 139 CT**

83

84 City **MIAMI** FL 85 Zip Code **33183**

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 *Armando A. Abad* **Armando A. Abad** President. DATE **3/5/98**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ABAD, ARMANDO A.</b>	
STREET ADDRESS	<b>4355 S.W. 129TH PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>ABAD, ARMANDO. A.</b>		
1.3 STREET ADDRESS	<b>6242 SW 139 CT</b>		
1.4 CITY-ST-ZIP	<b>MIAMI FL 33183</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 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 *Armando A. Abad* DATE **3/19/98** (202) 746-4511

CR2E034 (10/97)