

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005715

Entity Name: AMV FOUNDATION, INC.**Current Principal Place of Business:**110 MERRICK WAY
SUITE 3A
CORAL GABLES, FL 33134**Current Mailing Address:**110 MERRICK WAY
SUITE 3A
CORAL GABLES, FL 33134 US**FEI Number:** 04-3793196**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEWART AGENT SERVICES LLC
110 MERRICK WAY
SUITE 3A
CORAL GABLES, FL 33134 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** LOUIS STINSON, JR., AS MANAGER

04/29/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name STINSON, JR., LOUIS
Address 110 MERRICK WAY, SUITE 3A
City-State-Zip: CORAL GABLES FL 33134

Title D
Name CRANE, STEPHEN V
Address P. O. BOX 578
City-State-Zip: CAMDEN ME 04843-0578

Title D
Name ESTRADA DE WALLIS, ANA LUISA
Address 110 MERRICK WAY
SUITE 3A
City-State-Zip: CORAL GABLES FL 33134

Title D
Name PEEPLES, L. GRANT
Address 110 MERRICK WAY SUITE 3A
City-State-Zip: CORAL GABLES FL 33134

Title D
Name ESTRADA DE HELLMUND, SYLVIA
HELENA
Address 110 MERRICK WAY
SUITE 3A
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name STINSON, LOUIS
Address 110 MERRICK WAY
SUITE 3A
City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LOUIS STINSON, JR

MANAGER

04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date