FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (8) Corporation Name AMADO ENTERPRISES, INC. Principal Place of Business Mailing Address 9131 FOUNTAINBLEU BLVD. 9131 FOUNTAINBLEU BLVD. UNIT #9 UNIT #9 MIAMI FL 33172 MIAMI FL 33172 3. Date Incorporated or Qualified 3a. Date of Last Report 06/29/1976 04/10/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1697659 Not Applicable Suite, Apt. #, etc. Strite, Apr. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees Country Zio 8. This corporation has liability for intangible tax under s. 199.032, 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent URTEG A ORMIDA DE LA RIESTRA, WILLIAM (P.O. Box Number is Not Acceptable) 6510 MIAMI LAKEWAY SOUTH FOUNTAINBlen MIAMI LAKES FL 33014 83 UNIT #9 84 City 39/72 85 MIAMI 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. Thereby accept the appointment as registered agent, I am familiar with any accept the obligations of, Section 607,0505, Florida Statutes. adilitezn SIGNATURE DATE CR2E034 (12/95) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1. L'HALE Change Addition AMADO, MIGUEL 1.2 NAME 9131 FOUNTAINBLEAU BLVD. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL C:TY - ST - 71P 14 CHY-ST ZIP SD DELETE 2.13BLE Change Addition AMADO, NEYRA 2.2 NAME STREET ADDRESS 9131 FOUNTAINBLEAU BLVD. 2.3 STREET ADDRESS CITY ST-ZIP MIAMI FL 2 4 C TY - S1 - ZIP DELETE 3 1 Title ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY ST ZIP 3.4 CHY+ST-ZIP DELETE 4.1 HHE Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY+S1 ZIP

6.4 CiTY - ST. ZIP 14. I do hereby cert by 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 of 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 efficient or director of the corporation or the page of the empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12

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