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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 538874

Country

9. Name and Address of Current Registered Agent

25

VAZQUEZ, MANUEL O. 1328 S.W. 17 ST.

A.M.O., INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

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Zip

(9)

2a. Mailing Address

City & State

Žip

Suite, Apt. #, etc.

Principal Place of Business Mailing Address 12039 SW 39 TERR 12039 SW 39 TERR MIAMI FL 33175 MIAMI FL 33175 US US

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FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

П

Yes Yes

8. This corporation owes or has pald the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

07/07/1977

59-1779552

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

MiMMI FL 33143			 						
			83						
			84	City	FL	85	Zip C	ode	_
11 Pursuant	to the provisions of Sections 607 0502 and 607 1	508 Florida Statutes	the show	e-named		chan	ning its	rogistors	
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.									
3									
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				ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOR	S IN 12	
TILE	P	☐ DELETE	1.1 TITLE			☐ Ch	ange	Addition	on S
NAME	vazquez, orlando		1.2 NAME						
STREET ADDRESS	12515 S.W. 33 ST.		1.3 STREET	ADDRESS					- 6
CITY-ST-ZIP	MIAMI FL		1.4 CITY - S	T-ZIP					6
TITLE	T	☐ DELETE	2.1 TITLE			Ch	ange	Additio	on C
NAME	vazquez, alina		2.2 NAME						
STREET ADDRESS	12039 S.W. 39TH TERRACE		2.3 STREET	ADDRESS					
CITY-ST-ZIP	Miami Fl.		2. 4 CITY -	ST-ZIP					_
TITLE	S	☐ DELETE	3.1 TITLE			Ch	ange	Additio	วท
NAME	VAZQUEZ, MANUEL O.		3.2 NAME						- }
STREET ADDRESS	1328 S.W. 17 ST.		3.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL		3.4. CITY - ST - ZIP						
TITLE		DELETE	4.1 TITLE			Ch	ange	Additio	วท
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					- 1
CITY-ST-ZIP			4.4 CITY-S	T- ZIP					
TITLE		☐ DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Ch:	ange	Additio	nc
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE			Chi	ange	Additio	מנ
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY - S						
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.									

NUEL O. VAZQUEZ

Country

81 Name

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