Applied For

Mailing Address

MIAMI FL 33166

2a. Mailing Address

4709 NW 72ND AVENUE

PROFIT CORPORATION ANNUAL REPORT 1999

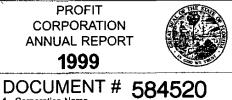
AMTRIN EXPORT INC.

1. Corporation Name

Principal Place of Business 4709 NW 72ND AVENUE

2. Principal Place of Business

MIAMI FL 33166



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90179 016 ***150.00

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08/29/1978

4. FEI Number

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

21			26					59-2236868		No	t Applicable
22	Suite, Apt. i	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Re	
22)	City & State			City & State				6. Election Campaign Financing		\$5.00	May Re
23	Oily & Olale	-	28	v., - v				Trust Fund Contribution		Added t	1
23	Zip	Country	-	Zip	Country	v		8. This corporation owes the curre	ent vear Inta	ngible	
24	p	25	29		0			Personal Property Tax.	,	Yes	□No
24		9. Name and Address of Curren						10. Name and Address of New R	egistered A	Agent	
5. Haine and Addison of Safron Hegister 52 / Bank						I	Vame				
ROSTANT, DENNIS 10300 S.W. 98TH ST. MIAMI FL 33176					02	82 Street Address (P.O. Box Number is Not Acceptable)					
					02	511991 Address (F.O. Box Number is Not Acceptable)					
					83	1					_
					ļ	<u>.</u>					2=40
					84	, (City		FL.	85 Zip (,oue
11	Pursuant t	to the provisions of Sections 607.050	2 and 60	7.1508. Florida Statutes	the abov	e-n	amed corpora	ation submits this statement for the	purpose of	changing its	registered
•	office or re	egistered agent, or both, in the State	of Florida	, Such change was aut	norized by	/ the	e corporation'	's board of directors. I hereby accep	t the appoin	itment as re	gistered
	agent. I ar	n familiar with, and accept the obliga	itions or, a	Section 607.0505, Flone	ia Statutes	5.					
S	IGNATURE .	Signature, typed or printed name of registered age	nt and title if :	oplicable. (NOTE: F	legistered Age	nt sk	gnature required w	then reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	\
12		OFFICERS AN			13.		<u> </u>	ADDITIONS/CHANGES TO OF	ICERS AN	D DIRECTO	RS IN 12
TIT	ìE	Р		☐ DELETE	1.1 TITLE					Change	☐ Addition
NA	ME .	ROSTANT, DENNIS			1.2 NAME						
ST	REET ADDRESS	10300 S.W. 98TH ST.			1.3 STREE	TAD	DRESS				
	Y-ST-ZIP	MIAMI FL			1.4 CITY-S	ST-21	IP				
	LE ~	C		☐ DELETE	2.1 TTLE					☐ Change	Addition
NA	ME	SMITH, DENNIS			2.2 NAME						
ST	REET ADDRESS	6710 NW 28TH AVE			2.3 STREE	TAD	ORESS				i i
	TY-ST-ZIP	FT. LAUDERDALE FL			2.4 CITY-5	ST-Z	ZIP				
-	TLE			☐ DELETE	3.1 TITLE					Change	☐ Addition
NA	ME				3.2 NAME						
ST	REET ADDRESS				3.3 STREE	ET AD	DDRESS				
CIT	TY-ST-ZIP				3.4. CITY-	ST-Z	ZIP				
	TLE .			☐ DELETE	4.1 TITLE					Change	
NA	ME				4, 2 NAME	:					
ST	REET ADDRESS				4.3 STREE	TAD	DORESS				
	ry-st-zip				4.4 CITY-8	ST-ZI	IP				
זוז	TLE .			☐ DELETE	5.1 TTTLE					Change	Addition
N.A	ME				5.2 NAME						
ST	REET ADDRESS				5.3 STREE	ET AD	ODRESS				
cn	TY-ST-ZIP				5.4 CITY-S	ST-Z	IP .				
	πE			☐ DELETE	61 TITLE			· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
N.A	ME		_		6.2 NAME						
ST	REET ADDRESS		/		6.3 STREE	ET AC	DDRESS				
ł	ry-st-zip		1/		6.4 CITY-5	ST-Z	JP				
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14. I hereby certify that the information supplied with his filling 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 supplier ental 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 attainment with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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