FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **616891** **(8)**

1. Corporate Name
AMO CONDOMINIUM CORP.

Principal Place of Business	Mailing Address
C/O A. HUPPERT 9350 W. BAY HARBOR DR. BAY HARBOR ISLES FL 33154	C/O A. HUPPERT 9350 W. BAY HARBOR DR. BAY HARBOR ISLES FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0030002 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 · Country 25	Zip 29 · Country 30

9. Name and Address of Current Registered Agent

HUPPERT, ABRAHAM
9350 W. BAY HARBOR DR.
BAY HARBOR ISL. FL 33154

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	HUPPERT, ABRAHAM	1 NAME	
STREET ADDRESS	9350 W. BAY HARBOR DR.	1 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISL. FL	1 CITY-ST-ZIP	
TITLE	STD	2 TITLE	☐ Change ☐ Addition
NAME	RAPPORT, MORRIS	2 NAME	
STREET ADDRESS	1655 DREXEL AVE.	2 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2 CITY-ST-ZIP	
TITLE	VD	3 TITLE	☐ Change ☐ Addition
NAME	BORUCHIN, OSCAR	3 NAME	
STREET ADDRESS	9250 W. BAY HARBOR DR.	3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISL. FL	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: ABRAHAM HUPPERT P.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (305) 868-2243
Date · Daytime Phone #

0103457 CP