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

PROFIT CORPORATION ANNUAL REPORT



FLÖRIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

POCUMENT # 654890

(3)

A MENCH, INC.

FILED May 07 1997 8:00am Secretary of State



| 6 Polestonic | tool of Decision | 1 0 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | 3. Date Incorporated or Qualified 02/05/1980 | 3a. Date of Last Report 05/01/1996 |
|--|--|--|---|---|---------------------------------------|
| 21 Principal P | tace of Business | 2a. Mailing Address | | 4. FEI Number 59-1969948 | Applied For Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 60 7E |
| 22 | | 27 | | Certificate of Status Desired | Fee Required |
| City & State | | Gity & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for | |
| 24 | 25 9. Name and Address of Curren | 29 30 | 0 | Florida Statutes 10. Name and Address of New Re | Yes No |
| מחו | n Manne | C'AME OFICAN | 81 Name | | |
| GOLD, MARCIE STAME DELSON 3745 NE 171 ST NORTH MIANN BEACHYEL 33 160 CHANGE ONLY. B1 Namo G-OLD, MANCIE 82 Strept Address (P.O. Box Number is Not Acceptable) 1 T T T T T T T T T T T T T T T T T T | | | | | |
| 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 Signature typed or prived name of registered agent and the diagnosciable (Noti: Registered Agent signature required when reinstating) DATE OFFICIONS OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF | | | | | |
| SIGNATURE | Signature, typed or printed name of registered ago | int and trie if applicable (NOTE: F | tegistered Agent signature r | | DATE |
| 1 m· | OF FIGURE | D DINI OTONO | 13. | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | DST GOLD MARCIE | [_] DETEIE | 1.1 101.0 | CAME | Change Addition |
| NAME Street adoress | GOLD, MARCIE 3745*(N.E.\171\$T \$7. \ | | 1.2 NAME | SAME 16711 COLLINS AV MIAMI BEACH FO | 4. #/205 |
| CITY-ST-ZIP | N MIAMI BEACH FL 83160 | | 1.3 STREET ADDRESS 1.4 City - St - Zip | MANAMIRE ACH FL | ONIDA 32/60 |
| TITLE | 14 MINIMI DEGOIG 1 E 00 100 | ☐ DELETE | 2.1 1111.6 | 10(11)11 1921/01 | Change Addition |
| NAME | | _ | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | i | | 2. 4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 3.1 THTLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY ST-7IP | | |
| TITLE | | DELETE | 5.1 TOLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADORESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 5.4 CITY- S1 - ZIP | | Chora Later |
| | | L DELCH | 6.1 TITLE | | Change Addition |
| NAME expect appearer | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CHY-ST-7/P | | |

14. I do 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 eath; 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.