

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **693555** (5)

1. Corporation Name
AMARCO, INC.

Principal Place of Business
**1500 SAN REMO AVE
STE 239
CORAL GABLES FL 33146-3047
US**

Mailing Address
**1500 SAN REMO AVE
STE 239
CORAL GABLES FL 33146-3047
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/08/1981	3a. Date of Last Report 03/19/1996
21. Suite, Apt. #, etc. Suite 237	26. Suite, Apt. #, etc. Suite 237	4. FEI Number 59-2115145		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HUGHEY, BONNIE 1500 SAN REMO AVE STE. 239 CORAL GABLES FL 33146-3047				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PAS	<input type="checkbox"/> DELETE		11. TITLE	P/AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARGERIE, MARGOT			12. NAME	Margerie, Margot		
STREET ADDRESS	1500 SAN REMO AVE #245			13. STREET ADDRESS	1500 San Remo Ave., Suite 237		
CITY, ST, ZIP	CORAL GABLES FL 54			14. CITY-ST-ZIP	Coral Gables, FL 33146-3047		
TITLE	MARGERIE, MARGOT	<input checked="" type="checkbox"/> DELETE		21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARGERIE, MARGOT			22. NAME			
STREET ADDRESS	1500 SAN REMO AVE #245			23. STREET ADDRESS			
CITY, ST, ZIP	CORAL GABLES FL 54			24. CITY-ST-ZIP			
TITLE	VPS	<input type="checkbox"/> DELETE		31. TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARGERIE, CARLOS			32. NAME	Margerie, Carlos		
STREET ADDRESS	1500 SAN REMO AVE #245			33. STREET ADDRESS	1500 San Remo Ave., Suite 237		
CITY, ST, ZIP	CORAL GABLES FL 54			34. CITY-ST-ZIP	Coral Gables, FL 33146-3047		
TITLE	T	<input type="checkbox"/> DELETE		41. TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, DAVID F.			42. NAME	Young, David F.		
STREET ADDRESS	1500 SAN REMO AVE #245			43. STREET ADDRESS	1500 San Remo Ave., Suite 245		
CITY, ST, ZIP	CORAL GABLES FL 54			44. CITY-ST-ZIP	Coral Gables, FL 33146-3054		
TITLE	VP	<input type="checkbox"/> DELETE		51. TITLE	V/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHEY, BONNIE J.			52. NAME	Hughey, Bonnie J.		
STREET ADDRESS	1500 SAN REMO AVENUE, STE 239			53. STREET ADDRESS	1500 San Remo Ave., Suite 239		
CITY, ST, ZIP	CORAL GABLES FL 47			54. CITY-ST-ZIP	Coral Gables, FL 33146-3047		
TITLE		<input type="checkbox"/> DELETE		61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY, ST, ZIP				64. CITY-ST-ZIP			

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97
Date

(305)662-9324
Daytime Phone #

CR2ED34 (9/96)