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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **693555** **(5)**

1. Corporation Name
AMARCO, INC.

Principal Place of Business	Mailing Address
1500 SAN REMO AVE STE. 237 CORAL GABLES FL 33146-3047 US	1500 SAN REMO AVE STE. 237 CORAL GABLES FL 33146-3047 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1981

2. Principal Place of Business	2a. Mailing Address
21 12908 Air Way Street	26 12908 Air Way Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Panama City, Florida	28 Panama City, Florida
24 Zip 32404-2833 / 25 Country US.	29 Zip 32404-2833 / 30 Country US.

4. FEI Number: 59-2115145 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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: Judith C. Young 82 Street Address (P.O. Box Number is Not Acceptable): 12908 Air Way Street 83 84 City: Panama City **FL** 85 Zip Code: 32404-2833

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: Judith C. Young — 3-30-98
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	PASD	☐ DELETE	1.1 TITLE	PASD	☐ Change ☐ Addition
NAME	MARGERIE, MARGOT		1.2 NAME	Margerie, Margot	
STREET ADDRESS	1500 SAN REMO AVE., STE. 237		1.3 STREET ADDRESS	12908 Air Way Street	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Panama City, FL 32404-2833	
TITLE	VS	☐ DELETE	2.1 TITLE	VS	☐ Change ☐ Addition
NAME	MARGERIE, CARLOS		2.2 NAME	Margerie, Carlos	
STREET ADDRESS	1500 SAN REMO AVE., STE. 237		2.3 STREET ADDRESS	12908 Air Way Street	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	Panama City, FL 32404-2833	
TITLE	T	☐ DELETE	3.1 TITLE	TVP	☐ Change ☐ Addition
NAME	YOUNG, DAVID F.		3.2 NAME	Young, David F.	
STREET ADDRESS	1500 SAN REMO AVE., STE. 245		3.3 STREET ADDRESS	12908 Air Way Street	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	Panama City, FL 32404-2833	
TITLE	VAS	☐ DELETE	4.1 TITLE	VAS	☐ Change ☐ Addition
NAME	HUGHEY, BONNIE J.		4.2 NAME	Hughey, Bonnie J.	
STREET ADDRESS	1500 SAN REMO AVE., STE. 239		4.3 STREET ADDRESS	18495 S. Dixie Hwy., Ste B102	
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: VP 3-30-98 8508713750