-2003 FOR PROFIT CORPORATION

Mailing Address

MIAMI FL 33176

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

11501 S.W. 95TH STREET.

UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

Suite Apt. #, etc.

LOWERY, A.C. -

985 NE 84TH STREET MIAMI FL 33138

City & State

Zip

11501 S.W. 95TH STREET.

697337

1. Entity Name

MIAMI FL 33176

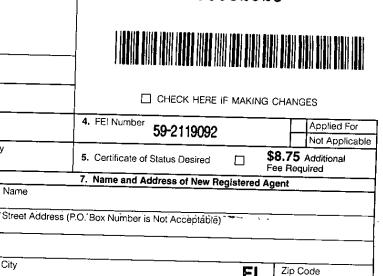
AMEX WORLD TRADE CORPORATION



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90692 026 ***150.00

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

Country

Name

City

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TREE ☐ Delete TITLE NAME FLORES, RICHARD M. Change ☐ Addition NAME 11501 S.W. 95TH STREET. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami. Fl' CITY-ST-ZIP TITLE ☐ Delete TITLE NAME FLORES, JONATHAN M ☐ Change ☐ Addition NAME STREET ADDRESS 11846 SW 97TH TERR STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change LYLES, ADRIANA ☐ Addition NAME STREET ADDRESS 16577 OLD CULTER RD STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP

12. 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 report or supplemental 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE