
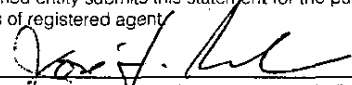
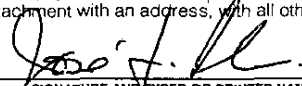


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90014 031 ***150.00

DOCUMENT # F37565					
1. Entity Name AMVEL CORPORATION					
Principal Place of Business 1475 NW 97 AVE MIAMI FL 33172			Mailing Address 1475 NW 97 AVE MIAMI FL 33172		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2097711	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CUESTA, ANTONIO 13874 SW 75 ST MIAMI FL 33182			Name JOSE L. RUEDA		
			Street Address (P.O. Box Number is Not Acceptable)		
			9670 N.W. 45th LANE		
			City DORAL FL Zip Code 33178		
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 the obligations of registered agent.					
SIGNATURE 			Jose L. Rueda, PDS - 02/24/04		
Signature typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDS	<input checked="" type="checkbox"/> Delete	TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUESTA, ANTONIO		NAME	RUEDA, JOSE L.	
STREET ADDRESS	13874 SW 75 STREET		STREET ADDRESS	9670 N.W. 45 LANE	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	DORAL, FLORIDA 33178	
TITLE	VDT	<input type="checkbox"/> Delete	TITLE	VDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUEDA, JOSE L		NAME	RUEDA, AIXA C.	
STREET ADDRESS	12901 SW 84TH ST		STREET ADDRESS	9670 N.W. 45 LANE	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	DORAL, FLORIDA 33178	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Jose L. Rueda - 02/24/04 (305-592-5678)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		