

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F86179 (1)

1. Corporation Name

AMON ENTERPRISES INTERNATIONAL CORP.



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 14295 SW 142ND STREET 20200 SW 90 AVE RD. MIAMI FL 33186 US | 14295 SW 142ND STREET 20200 SW 90 AVE RD. MIAMI FL 33186 US |

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/22/1982 | 3a. Date of Last Report 04/04/1995 |
| 4. FEI Number 59-2190284 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---------------------------------|---------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 14295 SW 142nd Street | 26 14295 SW 142nd Street |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip | 29 Zip |
| 25 Country | 30 Country |

9. Name and Address of Current Registered Agent

**AMON, MIGUEL A.
20200 SW 90 AVE RD.
CUTLER RIDGE FL 33189**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | AMION, MIGUEL A | |
| STREET ADDRESS | 20200 SW 90 AVE RD. | |
| CITY - ST - ZIP | CUTLER RIDGE FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | AMION, ANA A. | |
| STREET ADDRESS | 20200 SW 90 AVE. RD. | |
| CITY - ST - ZIP | CUTLER RIDGE FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | AMON, MIGUEL A., JR. | |
| STREET ADDRESS | 16135 SW 105 AVE. | |
| CITY - ST - ZIP | PERRINE, FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: **4/19/96** 305-252-3967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)