1/20/00-90121-025-$150.00-$150.00

APPROVED AND FILED

00 FEB 28 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000664

1. Entity Name

AMCEST CORPORATION

Principal Place of Business	Mailing Address
1017 WALNUT ST ROSELLE NJ 07203 US	1017 WALNUT ST ROSELLE NJ 07203-3021 US

DO NOT WRITE IN THIS SPACE

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 22-2119786 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~DEFAUL ELECTRONICS INC~~ ~~1409 SE 17TH AVE~~ ~~STE B~~ ~~CAPE CORAL FL 33990~~	Name: WILLIAM O, GOODRICH Street Address (P.O. Box Number is Not Acceptable): 3315 S.W. 84TH Court City: Miami FL Zip Code: 33165

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.

SIGNATURE: William O. Goodrich 2/22/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $350.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTCD ROSENFELD, LEONARD 1017 WALNUT STREET ROSELL NJ 07203	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROSENFELD, FRED 1017 WALNUT STREET ROSELL NJ 07203	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROSENFELD, ROSLYN 1017 WALNUT STREET ROSELL NJ 07203	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

CR2E013 (10/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] Jan 11, 2000 (305) 241-6500

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #