4-21-95 B-4123-C

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
**1995**

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

DOCUMENT # **H24527** **(4)**

1. Corporation Name
**AMIGO ENTERPRISES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5465 NW 36 ST.<br>P O BOX 52-7900<br>MIAMI FL 33166 | 5465 NW 36 ST.<br>P O BOX 52-7900<br>MIAMI FL 33166 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/09/1984
3a. Date of Last Report: 03/22/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 Same as above | 26 Same as above |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

4. FEI Number: 59-2581267 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MORGAN, CHARLES O., JR.<br>1300 NW 167TH ST.<br>MIAMI FL 33169 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | COCANOWER, HAROLD L. | 12 NAME | |
| STREET ADDRESS | 8988 RIDGELAND DR. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 14 CITY-ST-ZIP | |
| TITLE | PD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | BEFUS, DAVID | 22 NAME | |
| STREET ADDRESS | APDO 20, 1001 PLAZA GONZ | 23 STREET ADDRESS | |
| CITY-ST-ZIP | VIEQUEZ, COSTA RICA | 24 CITY-ST-ZIP | |
| TITLE | TD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | ANDERSON, HICKS E., JR. | 32 NAME | |
| STREET ADDRESS | 202 ALLEN MOUNTAIN DR. | 33 STREET ADDRESS | |
| CITY-ST-ZIP | BLACK MOUNTAIN NC | 34 CITY-ST-ZIP | |
| TITLE | VSD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | CASTOR, RICHARD G. | 42 NAME | |
| STREET ADDRESS | R.F.D. #2, BOX 72 | 43 STREET ADDRESS | |
| CITY-ST-ZIP | BEDFORD NY | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | MORGAN, CHARLES O., JR. | 52 NAME | |
| STREET ADDRESS | 1300 NW 167TH ST. | 53 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 54 CITY-ST-ZIP | |
| TITLE | S | 61 TITLE | ☐ Change ☐ Addition |
| NAME | SHERMAN, WILLIAM G.(ASST | 62 NAME | |
| STREET ADDRESS | %5465 NW 36 ST. | 63 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 64 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:** x William G. Sherman William G. Sherman x 4/18/95 305-884-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0178847 CP