

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

APPROVED AND FILED

95 APR 21 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K21036** (4)
1. Corporation Name
A.M.R.C., INC.

Principal Place of Business Mailing Address
1428 BRICKELL AVENUE SUITE 208 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/15/1988** 3a. Date of Last Report **06/17/1994**
4. FEI Number **65-0050944** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRELLES, ALBERTO N.
9100 S CADELAND BLVD SUITE #1410 MIAMI FL 33156

999 PONCE DE LEON BLVD SUITE #1000 CERAL GARDENS, FL 33134

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 State **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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVS
NAME	MALAVE, ADOLFO
STREET ADDRESS	1428 BRICKELL AVENUE, S-208
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	MALAVE, ADOLFO
STREET ADDRESS	1428 BRICKELL AVENUE, S-208
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	700001464997
2.1 TITLE	-04/26/95-0103-02
2.2 NAME	***200.00 ***200.00
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 on 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; and that my signature shall have the same legal effect as if made under oath; that my name appears in Block 12 or 13 of this filing; and that my name appears in Block 12 or 13 of this filing; and that my name appears in Block 12 or 13 of this filing.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

955
4/21/95
4/27/95 (205) 445-4668

**POWER OF ATTORNEY
KNOW ALL MEN BY THESE PRESENTS**

That I, Adolfo Malave, as President for A.M.R.C., INC. have made, constituted and appointed, and by these presents does make, constitute and appoint ALBERTO N. TRELLES true and lawful attorney for them and in their name, place and stead:

TO EXECUTE ANY AND ALL DOCUMENTS REQUIRED IN ORDER TO COMPLY WITH THE CORPORATION ANNUAL REPORT.

giving and granting unto ALBERTO N. TRELLES said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that ALBERTO N. TRELLES said attorney or substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, We have hereunto set our hands and seals the 7th day of April, 1995.

Sealed and delivered in the presence of

Adrian Williams }
Magaly ROSA }

By: [Signature]

State of Florida
County of Dade

Be It Known, That on the 7th day of April, 1995, before me, Magaly ROSA a NOTARY PUBLIC in and for the State of Florida duly commissioned and sworn, dwelling in the City of Miami, County of Dade, personally came and appeared Adolfo Malave as President of AMRC INC to me personally known, and known to me to be the same persons described in and who executed the within power of attorney, and acknowledged the within power of attorney to be the act and deed.

In Testimony Whereof, I have hereunto subscribed my name and affixed my seal of office the day and year last above written.

Magaly ROSA