

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Mar 07 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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
**1428 BRICKELL AVENUE
SUITE 208
MIAMI FL 33131
US**

Mailing Address
**1428 BRICKELL AVENUE
SUITE 208
MIAMI FL 33131-3409
US**

3. Date Incorporated or Qualified **04/15/1988** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0050944	Applied For <input type="checkbox"/> Not Applicable
21 State, Apt. #, etc.	26 State, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TRELLES, ALBERTO N. 999 PONCE DE LEON BLVD. PENTHOUSE - S - 1150 CORAL GABLES, FL 33134		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	815 Ponce de Leon Blvd.
		83	2nd Floor
		84 City	Coral Gables FL 85 Zip Code 33134

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 agent, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALAVE, ADOLFO	1.2 NAME	
STREET ADDRESS	1428 BRICKELL AVENUE, S-208	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALAVE, ADOLFO	2.2 NAME	
STREET ADDRESS	1428 BRICKELL AVENUE, S-208	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	600002107896
STREET ADDRESS		6.3 STREET ADDRESS	-03/10/97--01007--029
CITY, ST, ZIP		6.4 CITY-ST-ZIP	***165.00

14. I do 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 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: **03.03.97** DAYTIME PHONE #: **305-374-6802**

CR2E034 (9/96)