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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K46743

(6)

A.M.A. MANAGEMENT SERVICES, INC.					
Principal Place of Business  ** ANCIA MORALES 1722 S.W. 84TH CT. MIAMI FL 33155		Mailing Address % ANICIA MORALES 1722 S.W. 84TH CT. MIAMI FL 33155-1040			
				3. Date Incorporated or Qualified 11/22/1988	3a. Date of Last Report 03/08/1996
2. Principal Pl	lace of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21		26		65-0119399	Not Applicable
Suite, Apt. #, etc		Suite Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζφ	Country	Zφ	Country	8. This corporation has liability for it	
24	25	29	30		Yes 🗶 No
	9. Name and Address of Curr	ent Registered Agent	0.0	10. Name and Address of New Re	gistered Agent
	RALES, ANICIA		81 Name		
1722 S.W. 84TH CT.			82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
MIAMI FL 33155			83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Stati	utes, the above-named corp	poration submits this statement for the p	
office or r	egistered agent, or both, in the Sta	nte of Florida, Such change was	s authorized by the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	t the appointment as registered
•	( amora 1	Parile	Anicia Me		
SIGNATURE	Spragure typed or panted harde of registered		OTE Registered Agent signature requir	ed when reinstating)	DATE
12.	OFFICER6 A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE •	MODALEO ANIOIA	☐ DELETE	1.1 TITLE		Change Addition
NAME	MORALES, ANICIA 1722 S.W. 84TH CT.		1.2 NAME		
STREET ADDRESS	MIAMI FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIVWI FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		C crarge C records
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TOTLE		Change Addition
NAME			3.2 NAME	: *	
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - S1 - ZIP			34 CITY-ST-ZIP		
THILE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	4.4 CHY-ST-ZIP		Change Addition
TITLE NAME		☐ Dttt.tt	5 1 TITLE 52 NAME		C Onlings C Advisor
STREET ADDRESS	,		5 3 STREET ADDRESS	- 20 - 10	
CITY - ST - ZIP			5.4 CITY-ST-ZIP	•	
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-7-2			6.4 CITY - ST - ZIP		
14. I do herel	by certify that the information support indicated on this around record re-	lied with this filing does not qually supplemental annual report is	alify for the exemption stated and the	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega	s. I further certify that the
I am an o	officer or director of the corporation	or the receiver or trustee empo	owered to execute this report	rt as required by Chapter 607, Florida S	tatutes; and that my name

SIGNATURE:

appears in Block 12 or Block

FILED

Jan 22 1997 8:00am

Secretary of State