

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 19 1996 8:00 am
Secretary of State

DOCUMENT # K63938 (0)

1. Corporation Name

AMI WAREHOUSE SYSTEMS, INC.



Principal Place of Business

ID AMMO 298
P. O. BOX 0922
MIAMI FL 33152-0922
US

Mailing Address

ID AMMO 298
P. O. BOX 0922
MIAMI FL 33152-0922
US

3. Date Incorporated or Qualified

02/07/1989

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

21 C/O CAROTRANS (A. Becker)

2a. Mailing Address

26 C/O CAROTRANS (A. Becker)

4. FEI Number

65-0145573

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 6161 NW 72ND AVENUE

27 6161 NW 72ND AVENUE

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 MIAMI FL

28 MIAMI FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33166

25

29 33166

30

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

BECKER, AMPARO
2145 SW 82 COURT
MIAMI FL 33155

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PSD
BECKER, MENDIGUTIA A
~~0408 NW 54 DORAL CIR DR~~
~~MIAMI FL~~

TITLE ☐ DELETE

NAME
VD
AMADOR, EDUARDO
~~5354 NW 84 DORAL PLACE~~
~~MIAMI FL~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
AVENIDA OLMOS 670
LOMAS DE URDESA
GUAYAGUIL, ECUADOR

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
AVENIDA OLMOS 670
LOMAS DE URDESA
GUAYAGUIL, ECUADOR

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMPARO MENDIGUTIA Becker

Date

01/19/93-4-887-650

CR2E034 (12/95)