

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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # K66159 (0)**

1. Corporation Name  
**A & M MANAGEMENT COMPANY**



|  |  |
|--|--|
| Principal Place of Business<br><b>C/O ARMANDO C. MONTES<br/>                 3400 CORAL WAY, SUITE 102<br/>                 MIAMI FL 33145</b> | Mailing Address<br><b>C/O ARMANDO C. MONTES<br/>                 3400 CORAL WAY, SUITE 102<br/>                 MIAMI FL 33145</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

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

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>02/16/1989</b>   |  |
| 4. FEI Number<br><b>65-0102761</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**MONTES, ARMANDO C.  
 3400 CORAL WAY  
 SUITE 102  
 MIAMI FL 33145**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                               |  |
|----------------------------|-------------------------------|--|
| TITLE                      | <b>D</b>                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>MONTES, ARMANDO C.</b>     |  |
| STREET ADDRESS             | <b>668 W. 64TH DR.</b>        |  |
| CITY-ST-ZIP                | <b>HALEAH FL 33012</b>        |  |
| TITLE                      | <b>D</b>                      | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>MONTES, JOSE A.</b>        |  |
| STREET ADDRESS             | <b>6519 N.W. 197 LANE</b>     |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33015</b>         |  |
| TITLE                      | <b>D</b>                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>MONTES, MANUELA A.</b>     |  |
| STREET ADDRESS             | <b>668 W. 64TH DR.</b>        |  |
| CITY-ST-ZIP                | <b>HALEAH FL 33012</b>        |  |
| TITLE                      | <b>D</b>                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>RODRIGUEZ, ROSELINA M.</b> |  |
| STREET ADDRESS             | <b>2250 S.W. 132 CT.</b>      |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33175</b>         |  |
| TITLE                      |                               | <input type="checkbox"/> DELETE            |
| NAME                       |                               |  |
| STREET ADDRESS             |                               |  |
| CITY-ST-ZIP                |                               |  |
| TITLE                      |                               | <input type="checkbox"/> DELETE            |
| NAME                       |                               |  |
| STREET ADDRESS             |                               |  |
| CITY-ST-ZIP                |                               |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |   |
|---|--|---|
| 1.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |   |
| 1.3 STREET ADDRESS                                    |  |   |
| 1.4 CITY-ST-ZIP                                       |  |   |
| 2.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |  |   |
| 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 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 supplementary 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 its 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 in an attachment with an address.

SIGNATURE: *Armando C. Montes* **ARMANDO C. MONTES** 4/20/98 (201) 444-1177

CR2E034 (10/97)