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

## PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K66159

(0)

A & M MANAGEMENT COMPANY

(

Mailing Address

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



C/O ARMANDO C. MONTES 3400 CORAL WAY, SUITE 102 MIAMI FL 33145			C/O ARMANDO C. MONTES 3400 CORAL WAY. SUITE 102 MIAMI FL 33145				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 02/16/1000			
÷	Principal Place of Busin	ness	2a. Mailing Address				02/16/1989 4. FEI Number 65-0102761	T	Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional Fee Required			
23	Crty & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
24		Country 25	Zip 29	30	untry		8. This corporation owes or has paid the currer Personal Property Tax due June 30.	nt yea Yes	r Intangible	
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
MUNIES, AMMANDO C.					B1	Name				
					82	82 Street Address (P.O. Box Number is Not Acceptable)  83				
					83					
					84	City	FL	85	Zip Code	
1	. Pursuant to the provis	ions of Sections 607.050	2 and 607, 1508, Florida Stati	ites, the a	bove	-named corp	oration submits this statement for the purpose of cl	hangir	ng its registered	

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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE D Change Addition TITLE 1.1 TIBLE MONTES, ARMANDO C. 1.2 NAME 668 W. 64TH DR. STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33012 1.4 CITY-ST-ZIP DELETE Change Addition 2 1 TITLE TITLE MONTES, JOSE A. 2.2 NAME NAME 6519 N.W. 197 LANE STREET ADDRESS 23 STREET ADDRESS MIAMI FL 33015 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE MONTES, MANUELA A. NAME 3.2 NAME 668 W. 64TH DR. 3.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY+ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE RODRIGUEZ, ROSELINA M. NAME 4. 2 NAME 2250 S.W. 132 CT. 4.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS

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 supply mental armual 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 colored on of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes, for an attactment with an address.

SIGNATURE

AKMADTO C. MONTES

4/20/98 (201) 444-117