

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 13 PH 2:57

DOCUMENT # **K75871** (9)  
1. Corporation Name  
**AMERICAN AMMUNITION, INC.**

Principal Place of Business Mailing Address  
**3545 N.W. 71 STREET MIAMI FL 33147 US** **3545 N.W. 71 STREET MIAMI FL 33147 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/28/1989** 3a. Date of Last Report **02/18/1994**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 29 Zip 30 Country	4. FEI Number <b>65-0151392</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>HAGEN, MAX M.</b> <del>16863 NE 19TH AVENUE</del> <del>NORTH MIAMI BEACH FL 33162</del>	10. Name and Address of New Registered Agent B1 Name <b>HAGAN, MAX M.</b> B2 Street Address (P.O. Box Number is Not Acceptable) <b>3990 SHERIDAN ST.</b> B3 <b>SUITE 104</b> B4 City <b>HOLLYWOOD</b> FL B5 Zip Code <b>33021</b>
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**NOTE: ONLY THE ADDRESS HAS CHANGED, NOT THE AGENT**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent first time it applies) (NOT: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, JOSE A.	1.2 NAME	FERNANDEZ SR., JOSE A.
STREET ADDRESS	16863 NE 19TH AVENUE	1.3 STREET ADDRESS	3545 NW 71ST STREET
CITY, ST, ZIP	N. MIAMI BEACH FL	1.4 CITY, ST, ZIP	MIAMI, FL 33147
TITLE	<del>VST</del>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>FERNANDEZ, ANDRES A.</del>	2.2 NAME	***
STREET ADDRESS	<del>16863 NE 19TH AVENUE</del>	2.3 STREET ADDRESS	DELETE THIS OFFICER
CITY, ST, ZIP	<del>N. MIAMI BEACH FL</del>	2.4 CITY, ST, ZIP	
TITLE	<del>D</del>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>FERNANDEZ, ANDRES A.</del>	3.2 NAME	***
STREET ADDRESS	<del>16863 NE 19TH AVENUE</del>	3.3 STREET ADDRESS	DELETE THIS DIRECTOR
CITY, ST, ZIP	<del>N. MIAMI BEACH FL</del>	3.4 CITY, ST, ZIP	
TITLE		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		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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 and 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 of this form, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4-7-95** TELEPHONE: **305-835-7400**  
SIGNATURE AND FIELD OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR