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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K75871

AMERICAN AMMUNITION, INC.

Principal Place	e of Business	Mailing Address	Mailing Address				II IIUI BIBII 8181) Piełi diaii dia	IVI MIMIL EMMI
3545 N.W. 71 STREET		3545 N.W. 71 STREET							
MIAMI FL 33147		MIAMI FL 33147			DO NOT WRI	TE IN THIS S	SPACE		
US		US			Date Incorporated or Qualifed				
						03/28/1989			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For
21		26			65-0151392		 	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 A	Additional	
22		27				5. Certifcate of Status Desired		Fee Re	quired
City & State	e	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	Country			8. This corporation owes the curr			
24	25	29 30	<u> </u>			Personal Property Tax.			□No
	9. Name and Address of Currer	it Registered Agent	81	Name		10. Name and Address of New I	cegistered A	gent	
HAGEN, MAX M			0.	Hame	*				
	SHERIDAN STREET		82	Street	Addres	ss (P.O. Box Number is Not Accept	able)		
SUITE			83						
HOLLYWOOD FL 33021									
			84	City			FL	85 Zip C	Code
11 Dureuant	to the provisions of Sections 607.050	12 and 607 1508. Florida Statutes	the above	e-nameo	compo	ration submits this statement for the	purpose of o	hanging its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was auth	orized by	the corp	ooration	's board of directors. I hereby acce	ot the appoin	lment as reg	gistered
SIGNATURE									
	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: Re ID DIRECTORS	gistered Agen	t signature	required v	when reinstating) ADDITIONS/CHANGES TO OF	DATE EICERS AND	DIRECTO	RS IN 12
12.	PD OFFICERS AN	DELETE	1.1 TITLE		\top	ADDITIONS/CHANGES TO GI	I IOERO AIN	Change	Addition
	FERNANDEZ, JOSE A	22 001272	1,2 NAME						_
	3545 NW 71ST STREET		1.3 STREET	AUDEESS					ļ
	MIAMI FL		1.4 CITY-S		[
CITY-ST-ZIP TITLE			2.1 TITLE					Change	☐ Addition
NAME			2.2 NAME						[
STREET ADDRESS			2.3 STREET	ADDRESS	3				
CITY-ST-ZIP			2. 4 CITY-S						
TITLE	_	DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME			•			\
STREET ADDRESS			3.3 STREET	ADDRESS	3				-
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		·			
TITLE	☐ DELETE		4.1 TITLE					☐ Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS	3				
CITY-ST-ZIP			44 CITY-S	T-ZiP					
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS	3				}
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition

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 of supplemental angual 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 of 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 an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90066 024 ***150.00

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