Y-10 97 B 4334 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K95669

(3)

AMBRAS INTERNATIONAL CORPORATION

Principal Place of Business 33 CEDAR RD HOLLYWOOD FL 33021-2803		Mailing Address 33 CEDAR RD HOLLYWOOD FL 33021-2803				
					 Date Incorporated or Qualified 06/15/1989 	3a. Date of Last Report 05/14/1996
21	Pace of Business	28. Mailing Address 26			4. FEI Number 65-0127316	Applied For Not Applicable
Suite, Apt 22		Suite, Apt. #, etc	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ 24	Country 25	Zip 39 34	Country			Yes W No
DIOL	9, Name and Address of Curre	ni Hegistered Agent	81	Name	10. Name and Address of New Re	gistered Agent
	HARDS, S.L. CEDAR ROAD		0.			
	LYWOOD FL 33021		82	Street A	ddress (P.O. Box Number is Not Acceptab	ole)
Ė			83		-n	
'			84	City		FL 85 Zip Code
11, Pursuant office or a agent. La SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the Statiam familiar with, and accept the obligations of registered in	gations of, Section 607.0505. Florid	da Statutes	S.	orporation submits this statement for the pration's board of directors. I hereby acceptions when reinstating.	purpose of changing its registered of the appointment as registered
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	CD	DELETE 1.1 TO				Change Addition
NAM:	RICHARDS, S.L.		1.2 NAME			
STREET ADDRESS	33 CEDAR RD.		1.3 STREET ADDRESS			
CHY-ST-ZIP	HOLLYWOOD FL	DELETE.	1.4 CITY-ST-ZIP			
TITLE	RICHARDS, FATIMA P.	☐ DELETE	2.1 TITLE			Change Addition
NAME CARLOT ADDRESS	33 CEDAR RD.	!	2 2 NAME 2 3 STREET ADDRESS			
STREET ADDRESS	HOLLYWOOD FL		2 4 City-St-ZiP			•
111.E			31 TITLE	D Ell	- Linetininia - Linetininia - Linetininia - Linetinia	Change Addition
.'NAMé			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CiTY - ST - ZiP			3.4 CITY-5	ST-ZIP		
TOTE	DELETE		4.1 TITLE			Change Addition
NAME	}		4. 2 NAME	toonran		
STREET ADDRESS OFF-ST-ZIF			4.3 STREET			
THE	DELETE		4.4 CITY-ST-ZIP 5.1 TITLE			☐ Change ☐ Addition
NAME	ĺ		5.2 NAME	1		
STRELL ACIONESS			5.3 STREET	ADDRESS		
COTY - ST - 7IP			54 CiTY-S	1-ZIP		
7111.5		☐ DELETE	6.1 TITLE			Change Addition

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do 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 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 of changes or or an attachment with an address.

FILED

Apr 10 1997 8:00am

Secretary of State