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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K95669**  
1. Corporation Name  
**AMBRAS INTERNATIONAL CORPORATION**

Principal Place of Business: **33 CEDAR RD HOLLYWOOD FL 33021-2803**  
Mailing Address: **P O BOX 350102 FT LAUDERDALE FL 33335-102 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/15/1989**

4. FEI Number: **65-0127316**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

9. Name and Address of Current Registered Agent  
**RICHARDS, S.L.  
33 CEDAR ROAD  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent (B1-B5)

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	CD	<input type="checkbox"/> DELETE
NAME	RICHARDS, S.L.	
STREET ADDRESS	33 CEDAR RD.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICHARDS, FATIMA P.	
STREET ADDRESS	33 CEDAR RD.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE: \_\_\_\_\_  Change  Addition

12 NAME: \_\_\_\_\_

13 STREET ADDRESS: \_\_\_\_\_

14 CITY-ST-ZIP: \_\_\_\_\_

21 TITLE: \_\_\_\_\_  Change  Addition

22 NAME: \_\_\_\_\_

23 STREET ADDRESS: \_\_\_\_\_

24 CITY-ST-ZIP: \_\_\_\_\_

31 TITLE: \_\_\_\_\_  Change  Addition

32 NAME: \_\_\_\_\_

33 STREET ADDRESS: \_\_\_\_\_

34 CITY-ST-ZIP: \_\_\_\_\_

41 TITLE: \_\_\_\_\_  Change  Addition

42 NAME: \_\_\_\_\_

43 STREET ADDRESS: \_\_\_\_\_

44 CITY-ST-ZIP: \_\_\_\_\_

51 TITLE: \_\_\_\_\_  Change  Addition

52 NAME: \_\_\_\_\_

53 STREET ADDRESS: \_\_\_\_\_

54 CITY-ST-ZIP: \_\_\_\_\_

61 TITLE: \_\_\_\_\_  Change  Addition

62 NAME: \_\_\_\_\_

63 STREET ADDRESS: \_\_\_\_\_

64 CITY-ST-ZIP: \_\_\_\_\_

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*[Handwritten Signature]*

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* S.L. Richards 03/24/1999 (954) 253-1961

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