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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 JUN 13 AM 8:07

DOCUMENT # L17619

(2)

1. Corporation Name

AMRA MANAGEMENT, INC.

Principal Place of Business

% MARIA EUGENIA JARQUIN
7514 SW 6TH ST.
NORTH LAUDERDALE FL 33068

Mailing Address

% MARIA EUGENIA JARQUIN
7514 SW 6TH ST.
NORTH LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1989

3a. Date of Last Report

08/15/1994

4. FEI Number

65-0143264

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. This corporation has liability for intangible tax under C. 190.002,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 8000 Colony Circle South

Suite, Apt. #, etc

22 Apt. 16-205

City & State

23 Tamarac, FL

24 33321

25 USA

2a. Mailing Address

26 8000 Colony Circle South

Suite, Apt. #, etc

27 Apt. 16-205

City & State

28 Tamarac, FL

29 33321

30 USA

9. Name and Address of Current Registered Agent

JARQUIN, LUIS MANUEL
7514 SW 6TH ST.
NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature (typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when re-registering)

(SEE)

12. OFFICERS AND DIRECTORS

TITLE S
NAME JARQUIN, LUIS MANUEL
STREET ADDRESS 7514 SW 6TH ST.
CITY, ST, ZIP NORTH LAUDERDALE FL 33068

TITLE PST
NAME JARQUIN, MARIA EUGENIA
STREET ADDRESS 7514 SW 6TH ST.
CITY, ST, ZIP NORTH LAUDERDALE FL 33068

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(8)(k), 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 187, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

L. E. Jarquin

Maria E. Jarquin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-07-95

(305) 791-2905