


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

FILED

Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L 68338 1. Corporation Name A.M. INVESTMENT, INC.			
Principal Place of Business		Mailing Address	
12964 N.W. 10 TH STREET MIAMI, FLORIDA 33182			
2. Principal Place of Business		3a. Date of Last Report	
21 12964 N.W. 10 TH ST.		3. Date Incorporated or Qualified 04/26/1990	
22 Suite, Apt. #, etc.		4. FEI Number 65-0189885	
23 MIAMI, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33182 25 DADE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 DADE		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		10. Name and Address of New Registered Agent	
ENRIQUE SERRANO 12962 N.W. 10 TH STREET MIAMI, FLORIDA 33182		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME DP SERRANO, ARMANDO <input type="checkbox"/> DELETE		13.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 STREET ADDRESS 12964 N.W. 10 TH STREET		13.2 STREET ADDRESS	
12.3 CITY-STATE-ZIP MIAMI, FLORIDA 33182		13.3 CITY-STATE-ZIP	
12.4 NAME DS SERRANO, ENRIQUE <input type="checkbox"/> DELETE		13.4 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.5 STREET ADDRESS 12964 N.W. 10 TH STREET		13.5 STREET ADDRESS	
12.6 CITY-STATE-ZIP MIAMI, FLORIDA 33182		13.6 CITY-STATE-ZIP	
12.7 NAME <input type="checkbox"/> DELETE		13.7 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.9 CITY-STATE-ZIP		13.9 CITY-STATE-ZIP	
12.10 NAME <input type="checkbox"/> DELETE		13.10 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY-STATE-ZIP		13.12 CITY-STATE-ZIP	
12.13 NAME <input type="checkbox"/> DELETE		13.13 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY-STATE-ZIP		13.15 CITY-STATE-ZIP	
12.16 NAME <input type="checkbox"/> DELETE		13.16 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.17 STREET ADDRESS		13.17 STREET ADDRESS	
12.18 CITY-STATE-ZIP		13.18 CITY-STATE-ZIP	
12.19 NAME <input type="checkbox"/> DELETE		13.19 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.20 STREET ADDRESS		13.20 STREET ADDRESS	
12.21 CITY-STATE-ZIP		13.21 CITY-STATE-ZIP	
12.22 NAME <input type="checkbox"/> DELETE		13.22 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.23 STREET ADDRESS		13.23 STREET ADDRESS	
12.24 CITY-STATE-ZIP		13.24 CITY-STATE-ZIP	
12.25 NAME <input type="checkbox"/> DELETE		13.25 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.26 STREET ADDRESS		13.26 STREET ADDRESS	
12.27 CITY-STATE-ZIP		13.27 CITY-STATE-ZIP	
12.28 NAME <input type="checkbox"/> DELETE		13.28 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.29 STREET ADDRESS		13.29 STREET ADDRESS	
12.30 CITY-STATE-ZIP		13.30 CITY-STATE-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 is located 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.		400002122944 -03/25/97--01009--016 ***165.00	
SIGNATURE: <i>Enrique Serrano</i>		Date: <i>3/17/97</i> (305) 207-0251	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ENRIQUE SERRANO		Daytime Phone #	

CR2E034 (9/96)