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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03780 (7)

1. Corporation Name
AMBERWOOD INVESTMENT, INC.

Principal Place of Business
1400 ST CHARLES PL
SUITE 807
PEMBROKE PINES FL 33026

Mailing Address
1400 ST CHARLES PL
SUITE 807
PEMBROKE PINES FL 33026-3222



3. Date Incorporated or Qualified 08/08/1984
3a. Date of Last Report 08/02/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 2a. Mailing Address 26 Suite, Apt. #, etc. 4. FEI Number 65-0105341 Applied For Not Applicable

22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip 25 Country 28 Zip 30 Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SAHAGUN, JOSE
1400 ST CHARLES PLACE
SUITE 807
PEMBROKE PINES FL 33026

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 title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	
NAME	SAHAGUN, JOSE	12 NAME	
STREET ADDRESS	1400 ST CHARLES PLACE SUITE 807	13 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	14 CITY-ST-ZIP	
TITLE	PSD	21 TITLE	
NAME	SAHAGUN, MARY ANN	22 NAME	
STREET ADDRESS	1400 ST CHARLES PLACE SUITE 807	23 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	
NAME	SAHAGUN, JOSE, JR.	32 NAME	
STREET ADDRESS	1400 ST CHARLES PLACE SUITE 807	33 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Jose Sahagun VD JAN 8, 97 954-4320996
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)