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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary-of State ◆
DIVISION OF CORPORATIONS

1998
DOCUMENT # N
1. Corporation Name

Principal Place of Business

SIGNATURE:

M17721

(5)

Mailing Address

AMERICAN MADE PRODUCTS INCORPORATED

12864 BISCAYNE BLVD SUITE 168 N MIAMI FL 33181 US		12864 BISCAYNE BLVD SUITE 188 N MIAMI FL 33181 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1985	
2. Principal Place of Business		2a. Mailing Address	2e. Mailing Address 26			4. FEI Number Applied For 59-2738126 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 Cottificate of Status Decired \$8.75 Additional	
22		27				Fee Required	
City & State		City & State	28			8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. 🔀 Yes 🔲 No	
	Name and Address of C	urrent Registered Agent		81 N	Jame -	10. Name and Address of New Registered Agent	
SPINELLI, ADRIANA						SPINELLI, JOSEPH	
	TON RD #330 L 33139			83	1286	Address (P.O. Box Number is Not Acceptable) 64 BISCAYNE BLVD , SUITE 168	
					City N M T 2	IAMI, FLORIDA FL 85 Zio Code 33181	
office or registe agent. I am fan SIGNATURF	ered agent, or both, in the nilian with, and accept the ure type I've protest name of regest	State of Florida Such change was obligations of Section 607.0505, Fl	authorized orida Stati	by thutes.	ne corpor	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered SCINE/1: SCINE/1:	
	PINELLI, ADRIANA 221 ALTON RD #330	DELETE	1.1 TIT 1.2 NA 1.3 STI		'	PD SPINELLI, JOSEPH 12864 BISCAYNE BLVD, SUITE 168	
CITY-ST-ZIP M	iami fl/_		1.4 CI	TY-ST-Z		N.MIAMI, FLORIDA 33181	
TITLE		☐ DELETE	2.1 7(1			☐ Change ☐ Addition	
NAME			2.2 NA				
STREET ADDRESS				REET ADI	- 1		
CITY-ST-ZIP		☐ DELETE	3.1 797	1TY • ST - 2 TI F	211	Change Addition	
NAME			3.2 NA			_ •	
STREET ADDRESS			3.3 ST	REET ADI	DRESS		
CITY-ST-ZIP			3.4. Ci	ITY-ST-Z	ZIP		
TITLE	<u> </u>	DELETE	4.1 TO	TLE		Change Addition	
NAME			4. 2 N	AME	1		
STREET ADDRESS			4.3 ST	REET ADI	DRESS		
CITY-ST-ZIP		- Interes		TY-ST-Z	<u>/IP</u>	Change Addition	
TITLE		DELETE	5 1 TII			Cuange C Applica	
NAME			5 2 NA		vonces		
STREET ADDRESS				REET ADI	I		
CITY · ST · ZIP		DELETE	54 CI	1Y-\$1-Z 1) F	210*	Change Addition	
NAME		المالين المالين	6.2 NA			Sinings Elisation	
1				reet adi	ADDECC		
STREET ADDRESS			6.3 51	nce I ADI	PUE99		

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 suppliemental 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.