Applied For

Not Applicable

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M40129

1. Corporation Name

INTERNATIONAL A.M. CORP.

Principal Place of Business

2. Principal Place of Business

Maiting Address

131 S.W. 82ND AVE. MIAMI FL 33144

131 S.W. 82ND AVE. MIAMI FL 33144

2a. Mailing Address

26

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90027 034 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 10/16/1986 4. FEI Number

59-2733865

Suite, Apt. #, etc.		Suite, Apr. #, etc.				5. Certifcate of Status D	Desired		Fee Re	L L
City & State	<u> </u>	City & State				6. Election Campaign F	inancing	П	\$5.00	
23	28				Trust Fund Contribut	ion		Added to	Fees	
Zip Country Zip			Cour	ntry		8. This corporation owe		ent year In		
24 25 29 30						Personal Property Ta				□No
	9. Name and Address of Current	Registered Agent		81	· · · · · · · · · · · · · · · · · ·	10. Name and Address	of New I	Registered	Agent	
TORRES MIGUEL					Name					
TORRES, MIGUEL 111 S.W. 82ND AVENUE				82	2 Street Address (P.O. Box Number is Not Acceptable)					
										
MIAMI FL 33144				83						
			,	84	City				85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the								FL		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o n familiar with, and accept the obligati	l Florida. Such change was a	uthonzea	DV II	-named corpor he corporation	ration submits this stateme 's board of directors. I her	eby acce	purpose of pt the appo	intment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered agent	Agent	signature required v	when reinstating)		DATE				
12.	OFFICERS AND		13.	· ·guin	orginals	ADDITIONS/CHANGE	S TO OF	FICERS A	ND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TIT	LΕ					☐ Change	☐ Addition
NAME	TORRES, MIGUEL	ORRES, MIGUEL 12N								(
STREET ADDRESS	·			REET A	ADDRESS					
CITY-ST-ZIP	The same and			ry-st-	ZIP					_
TITLE	TD	☐ DELETE	2.1 TIT	LE					☐ Change	☐ Addition
NAME	LABORI, ANGEL		2.2 NA	ME		•				l
STREET ADDRESS	131 S.W. 82ND AVE.		2,3 ST	REET A	ADDRESS	,				•
CITY-ST-ZIP	MIAMI FL		2. 4 CI	TY-\$T	ZIP	·				<u> </u>
TITLE		☐ DELETE	3.1 TIT	LE					Change	☐ Addition
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 ST	REET/	ADDRESS					
CITY-ST-ZIP			3.4. CI	TY-ST	-ZIP					
TITLE	 	☐ DELETE	4.1 TIT	LE.	1				Change	☐ Addition
NAME			4.2 N	AME						
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CITY-ST-ZIP				TY-ST-	ZIP					- Addition
TITLE		☐ DEFELE	5,1 111						☐ Change	☐ Addition
NAME	`		5.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				TY-ST-	-ZIP				[] Chan	Addition
TITLE		☐ DELETE	6.1 TI						Change	☐ Addition
NAME			6.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CI	TY-ST-	ZIP					

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 of 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 charged or an artistachment with an address, with all other like empowered.

THRE BETTHE

SIGNATURE: