...LING FEE AFTER MAY 1 IS $225.00

...RATION
...REPORT
...995

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

...AND FILED
95 APR 28 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

...MENT # **M54151** **(9)**

...Name
AMA INVESTMENTS INC.

...l Place of Business
...LUIS GARCIA
...5 E 34TH ST
HIALEAH FL...

Mailing Address
C/O LUIS GARCIA
235 E 34TH ST
HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	06/19/1987	3a. Date of Last Report	04/08/1994
4. FEI Number	59-2817132	Applied For	Not Applicable
5. Certificate of Status Desired	☐	$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	☐	$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes	☐ No	

2. Principal Place of Business	2a. Mailing Address
21 14131 S.W. 146th Terrace	26 same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL	28 City & State
24 Zip: 33186 / 25 Country: DADE	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

GARCIA, LUIS
235 E 34TH ST
HIALEAH FL 33013

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 ________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	☒ Change ☐ Addition
NAME	GARCIA, LUIS	1 2 NAME	
STREET ADDRESS	235 E 34TH ST	1 3 STREET ADDRESS	14131 S.W 146 Terrace
CITY ST ZIP	HIALEAH FL 33013	1 4 CITY ST ZIP	Miami, FL 33186
TITLE	D	2 1 TITLE	☒ Change ☐ Addition
NAME	GARCIA, MARIA	2 2 NAME	
STREET ADDRESS	235 E 34TH ST	2 3 STREET ADDRESS	14131 S.W 146 Terrace
CITY ST ZIP	HIALEAH FL 33013	2 4 CITY ST ZIP	Miami FL 33186
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 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 119.07(3)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maria Garcia MARIA GARCIA 4/27/95 305-232-3481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062130 CP