

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 02, 1999 8:00 am  
Secretary of State

09-02-1999 90006 029 \*\*\*\*75.00

DOCUMENT # N98000002867

1. Corporation Name

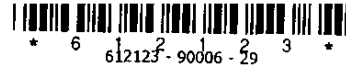
AMAR INTERNATIONAL, INC.

Principal Place of Business

1100 MURDOCK BLVD.  
ORLANDO FL 32825

Mailing Address

P.O. BOX 678760  
ORLANDO FL 32825



2. Principal Place of Business

21 3327 FORSYTH RD.  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 677181  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/18/1998

4. FEI Number

52-2139232

Applied For

Not Applicable

22 City & State

23 WINTER PARK, FLORIDA  
Zip Country

27 City & State

28 ORLANDO, FLORIDA  
Zip Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☒

\$5.00 May Be  
Added to Fees

24 32792

25 U.S.A.

29 32867

30 U.S.A.

9. Name and Address of Current Registered Agent

PALACIO, CARLOS E  
1100 MURDOCK BLVD.  
ORLANDO FL 32825

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PALACIO, CARLOS E	
STREET ADDRESS	1100 MURDOCK BLVD.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GONZALEZ, JACQUELINE	
STREET ADDRESS	1100 MURDOCK BLVD.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> DELETE
NAME	URREGO, CONSUELO	
STREET ADDRESS	1608 MIAMI ROAD	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT (TREASURER)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JUAN R. PALACIO	
1.3 STREET ADDRESS	1608 MIAMI ROAD	
1.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32825	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carlos E. Palacio* 08-25-99 (407) 681-2654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)