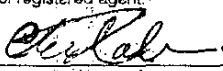
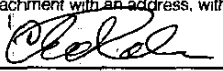


FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90004 029 ****75.00

DOCUMENT # N98000002867		07-22-2004 90004 029 *****75.00	
1. Entity Name AMAR INTERNATIONAL, INC.			
Principal Place of Business 9318 E. COLONIAL DRIVE ORLANDO, FL 32817-4105		Mailing Address P.O. BOX 608523 ORLANDO, FL 32860	
2. Principal Place of Business 5015 Clarcona Ocoee Rd		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FLORIDA		City & State	
Zip 32810		Country	
Country ORANGE		Country	
4. FEI Number 52-2139232		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALACIO, CARLOS E 5015 CLARCONA OCOEE ROAD ORLANDO, FL 32810		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Carlos E. Palacio/President 07/14/04 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP PALACIO, CARLOS E 5015 CLARCONA OCOEE ROAD ORLANDO, FL 32810 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS PALACIO, JAQUELINE 5015 CLARCONA OCOEE ROAD ORLANDO, FL 32810 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D URREGO, CONSUELO 1608 MIAMI ROAD ORLANDO, FL 32825 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DT PALACIO, JUAN R 1608 MIAMI ROAD ORLANDO, FL 32825 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  Carlos E. Palacio/President 07/14/04 407-293-52 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			