FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800006902

1. Corporation Name

ANOINTE MULTIFLEX (AMI), INC.

Principal Place of Business

Mailing Address

10485 SW 112 STREET KENDALL FL 33176

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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

10485 SW 112 STREET KENDALL FL 33176

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90005 045 ****61.25



3. Date Incorporated or Qualifed

65-0891726

5. Certificate of Status Desired

12/03/1998

4. FEI Number

9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered agent agent 10. Name and Address of New Registered agent 10. Name a	Zip	Country	Zip		Country		6. Election Campa	aign Financing	,		/lay Be
NONEZ, JACQUES 10485 SW 112 STREET KENDALL FL 33176 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, 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, and the registered by the corporation's board of directors, I hereby accept the appointment as registered agent, and the registered by the corporation's board of directors, I hereby accept the appointment as registered agent, and the registered by the corporation's board of directors, I hereby accept the appointment as registered agent, and the registered by the corporation's board of directors, I hereby accept the appointment as registered agent, and the registered agent, and the registered by the corporation's board of directors, I hereby accept the appointment as registered agent, and the registered agent a	24	25	29				Trust Fund Cor	atribution	Added to Fees		
NONEZ, JACQUES 10485 SW 112 STREET KENDALL FL 33176		9. Name and Address of Current	Registered Agent	t .			10. Name and Ad	dress of New Regi	stered Agent		
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 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, in familiar with, and accept the obligations of, Section 617,5503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and accept the obligations of, Section 617,5503, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS INDIE PD ONEZ, JACQUES 12 NAME NONEZ, JACQUES 11 ITILE OFFICERS AND DIRECTORS IN 12 12 NAME 12 NAME 14 Addition NAME NONEZ, JACQUES TILE SD ORNER AND DIRECTORS IN 12 13 INREL ADDRESS 14 ACDIT ST. 2P TILE SD ONNEZ, PATRICK 22 NAME NONEZ, PATRICK 22 NAME NONEZ, PATRICK 23 NAME NONEZ, PATRICK 24 NAME NONEZ, PHILLP STREET ADDRESS ONNEZ STREET ADDRESS	•				81	Name					
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KENDALL FL 33176 83 84 City FL 85 Zip Code T1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, be above-named corporation submits this statement for the purpose of changing its registered agent, a minimizer with, and accept the obligations of, Section 617.0503, Florida Statutes, because of registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or presed name of implained agent and file if applicable. (NOTE Registered Apent Bignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 11 TITLE DATE DATE DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 11 TITLE DATE DATE DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 11 TITLE DATE DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE DATE DATE DATE DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DATE DATE DATE DATE 14. CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP MIAMI FL 331376 TITLE DELETE 31 TITLE DATE DATE 15. TREET ADDRESS DATE DATE DATE 16. CITY-ST-ZIP DATE DATE DATE 17. CHANGES DATE DATE DATE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DATE DATE DATE DATE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DATE DATE DATE DATE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DATE DATE DATE DATE 18. TITLE DATE DATE DATE 19. CHANGE DATE DATE DATE DATE 19. CHANGE DATE DATE DATE DATE 19. CHANGE DATE											
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12.	office or r	registered agent, or both, in the State o	f Florida. Such cha	inge was autho	nzed by	the corporat	poration submits this st tion's board of directors	atement for the pur . I hereby accept th	pose of changi e appointment	ng its r as reg	egistered istered
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	14. I hereby	certify that the information supplied with	this filing does no	t qualify for the			Section 119.07(3)(i). F.	orida Statutes. I fur	ther certify that	t the in	formation

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.

Applied For

\$8.75 Additional

Fee Required

Not Applicable