

P17000005483

Florida Department of State
Division of Corporations
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

300431 383193

Alvaro Leon – President
AMAL Group Corp
Document Number: P17000005483

Statement of Fact

Dear Sir / Madam

This Statement of Fact is to inform the Florida Department of State that the amendment made to the Annual Report on July 22, 2024 under File Number 2413523570CC was filed without the knowledge or consent of any of the officers of the corporation.

Please, rescind such amendment and make the necessary corrections to bring the records back to the original addresses as follows:

Principal Address
9926 NW 6th Place
Plantation, FL 33324

Mailing Address
9926 NW 6th Place
Plantation, FL 33324

Registered Agent Name & Address
Leon, Alvaro
9926 NW 6th Place
Plantation, FL 33324

Officer/Director Detail
Name & Address

Title: President
Leon, Alvaro
9926 NW 6th Place
Plantation, FL 33324

Title: Vice-President
Mesa, Leonor A.
9926 NW 6th Place
Plantation, FL 33324

For your kind and prompt resolution of this matter, thank you very much.



Alvaro Leon – President
AMAL Group Corp
Ph. 786-281-8728

Public Notary

FL Acknowledgement Notary Certificate

Document Name: Statement of Fact

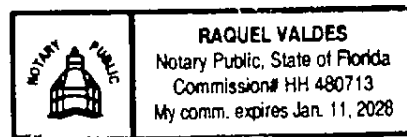
STATE OF FLORIDA
COUNTY OF Broward
(County where notarization occurred)

On 07/24/2024 (date), before me, Raquel Valdes (Notary name), a notary public, personally appeared by physical presence, Alvaro Leon (name(s) of signer(s)) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the attached Statement of Fact (name of document) instrument and acknowledged to me that that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or entity upon behalf of which the person(s) acted executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State listed above that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Personally known _____ OR
Produced identification ☒ Type of identification produced: Florida drivers license

RValdes
(Signature of notary public)

My commission expires: 01/11/2028



Official Seal