

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 MAY -1 PM 3:04**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # P38291 (1)**

1. Corporation Name  
**AM-MEX TRADING COMPANY, INC.**

Principal Place of Business  
**3303 N. LAKEVIEW #1802  
TAMPA FL 33618**

Mailing Address  
**3303 N. LAKEVIEW #1802  
TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/13/1992**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**59-3136900**

Applied For  
 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 § 100.039, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. **6814 Americana Dr** 26. **PO Box 20831**

22. Suite, Apt. #, etc. **# 177** 27. Suite, Apt. #, etc.

23. City & State **St Petersburg, FL** 28. City & State **St Petersburg, FL**

24. **33702** 25. **Pinellas** 29. **33742** 30. **Pinellas**

9. Name and Address of Current Registered Agent

**MCVANEY, DAVID**  
**3303 N. LAKEVIEW #1802**  
**TAMPA FL 33618**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)  
**6814 Americana DR # 177**

83.

84. City **St Petersburg, FL** 85. Zip Code **33702**

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: *David McVaneay, President* DATE: **4-18-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>DCP</b>
NAME	<b>MCVANEY, DAVID</b>
STREET ADDRESS	<b>3303 N. LAKEVIEW #1802</b>
CITY, ST, ZIP	<b>TAMPA FL</b>
TITLE	<b>ST</b>
NAME	<b>MCVANEY, DAVID</b>
STREET ADDRESS	<b>3303 N. LAKEVIEW #1802</b>
CITY, ST, ZIP	<b>TAMPA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the exemptions stated in Section 119.07(9)(b), 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. 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 of this report, or in any supplemental report.

SIGNATURE: *David McVaneay* DATE: **4-18-95** **813-438-7885**

**DAVID MCVANEAY**  
President