FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P9200000011

AMALGAMATED EXPORTERS, INC.

))) 19)))) 19))) 1		1	
Principal Place of Business Mailing Address											
14613 S.W. 154TH COURT 14613 S.W. 154TH COURT											
VICTORIA PARC	;	VICTORIA PARC	VICTORIA PARC								
MIAMI FL 33196	5	MIAMI FL 33196			DO NOT WRITE IN THIS SPACE						
							ate Incorporated or Qualifed			J	
							0/23/1992				
2. Principal Pl	ace of Business	2a. Mailing Addres	SS			4. F	El Number			oplied For	
21 26							5-0366135		N	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.								ריין	\$8.75	Additional	
22							ertifcate of Status Desired		Fee R	equired	
City & State City & State							ection Campaign Financing		\$5.00	May Be	
							ust Fund Contribution			to Fees	
Zip				Country			8. This corporation owes the current year Intangible				
					Personal Property Tax.				No		
24	25 29 30 30 30 30 30 30 30 3						Name and Address of New Registered Agent				
	g, Name and Address of Cu	rient Kadistaten Adent		81	Name	10. 14	ame and Address of non-	togrotorou .	-34//-		
KING	S DUIDOLDIA N			"	IVAIIIC		•				
KING, RUDOLPH N				82 Street Addr			. Box Number is Not Accept	able)]	
14613 S.W. 154TH COURT											
VICTORIA PARC				83				•			
MIAN	/II FL 33196			-	0.4		 		85 Zip	Code	
				84	City			FL	65 Zip	Code	
11 Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Florida	Statutes, the	bove	e-named con	poration s	ubmits this statement for the	purpose of	changing its	s registered	
office or r	egistered agent, or both, in the St	tate of Florida. Such change	e was authorize	d by	the corporat	tion's boar	d of directors. I hereby acce	pt the appoir	ntment as re	egistered	
agent. I a	m familiar with, and accept the ob	oligations of, Section 607.00	ous, Flonda Sta	lutes							
SIGNATURE						- i		DATE		i	
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				it signature requir		DITIONS/CHANGES TO OF		D DIRECTO	DPS IN 12	
	P	OFFICERS AND DIRECTORS 13.				AU	DITIONS/CHANGES TO OF	FICENS AIT	Change	☐ Addition	
TITLE			1.1 TITLE								
NAME .	KING, RUDOLPH N			1.2 NAME						Í	
STREET ADDRESS	DRESS 14613 S.W. 154TH COURT VICTORIA PARC			1.3 STREET ADDRESS						ſ	
CITY-ST-ZIP	MIAMI_FL_33196		1.4 0	ITY-S	T-ZIP						
TITLE	ST □ DELETE 21		2.1 TITLE					Change	☐ Addition		
NAME	KING, CONRAD G		2.21	AME							
STREET ADDRESS	14613 S.W. 154TH COURT	VICTORIA PARC	235	TREF	ADDRESS						
	MIAMI FL 33196	1,0,0,0,0,0		OTY-S	1					ſ	
CITY-ST-ZIP	MILAMI 1 E 33 130	DEI			11-4F				[] Change	Addition	
TITLE		اعاد ات							~ ,	_	
NAME				AME	1		•			j	
STREET ADDRESS			3.3 8	TREE	TADDRESS					ļ	
CITY-ST-ZIP				CITY- S	T- ZIP						
TITLE		☐ DEI	LETÉ 4.1 T	ITLE					Change	Addition	
NAME.			4.2	VAME							
STREET ADDRESS			4.3 5	TREE	T ADDRESS						
CITY-ST-ZIP			441	ITY-S	T-ZIP		,			Ì	
TITLE		□ DE		ITLE					Change	☐ Addition	
				IAME				,	_ ,		
NAME			L .	_	T ADDRESS		•			}	
STREET ADDRESS					ļ						
CITY-ST-ZIP				TTY-S	1-2117				☐ Change	Addition	
TITLE		☐ DE	Lt 1t 0.1	11LC	- 1				€ Charige	L VOCUSOII	
			■ .	IAMF	l I					1	

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 suppliemental 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 trystee empowered to execute this report as required by Chapter 607, 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90014 019 ***150.00