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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200004607 (7)

AMNESIA INTERNATIONAL, INC.

appears in Block 12 or Block 13 if changed,

SIGNATURE AND TYPED OR PRINTED

SIGNATURE:

Principal Place of Business Mailing Address 136 COLLINS AVE 136 COLLINS AVE MIAMI BEACH FL 33139-7207 MIAMI BEACH FL 33139 3. Date Incorporated or Qualified 3a, Date of Last Report 11/16/1992 09/13/1996 2. Principal Place of Business 4. FEI Number Applied For 21 26 65-0378341 Not Applicable Suite, Apt. #, etc. \$8.75 Additional DADELAND BLUD 11 П 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be TL 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes \(\bigcup \) No <u>USA</u> 24 25 29 g. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent MARTIN, MIGUEL A. INT J. GELPAND 848 BRICKELL AVENUE 82 SUITE 830 83 **MIAMI FL 33131** 84 HINH 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 Toyda. 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN 12 PD THE DELETE Addition 1.1 TITLE YVES, VICTOR UZAN NAME 1.2 NAME 9400 S. DADELAND BLUD #100 **136 COLUNS AVE** STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL FLULIDA CHY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE Change 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS C-TY - \$1 - ZIP 2.4 City-ST-ZIP TRUE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City - ST - 7IP 3.4. CITY - ST - ZIP DELETE TITLE Change ■ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE THLE Change 51 TITLE ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

in an attachment with an address.