

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000012300 (8)

1. Corporation Name

AMB ENTERPRISES, INC.

Principal Place of Business

% KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE SUITE 700
MIAMI FL 33131

Mailing Address

% KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE SUITE 700
MIAMI FL 33131



2. Principal Place of Business

2a. Mailing Address

21 100 SE 2nd St

26 100 SE 2nd St

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 28 floor

27 28 floor

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33131

25 US

29 33131

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/16/1993

3a. Date of Last Report
05/01/1995

4. FLI Number
65-0387834

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 s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE
SUITE 700
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 100 SE 2nd St.

84 City

28 floor

FL

85 Zip Code
33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required with incorporation)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
BUBNOW, VICTOR
744 LAKEVIEW DR
MIAMI BEACH FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

10221 E. BRAADVIEW DR.
DAY HARBOR FL 33154

700001759447
-03/27/96--01048--019
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, and 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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96 305-824-0250
Date Daytime Phone #

CR2E034 (12/95)