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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000012870 (0)

A.M.S.S., INCORPORATED

Block 12 or Block 13 if changed, or on ar

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 7500 SW 8TH ST 7500 SW 8TH ST PENTHOUSE I PENTHOUSE I DO NOT WRITE IN THIS SPACE MIAMI FL 33144 MIAMI FL 33144 3. Date Incorporated or Qualified 03/01/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 **65-03955**30 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ARROYO, ENRIQUE 1900 \$ HARBOR CITY BLVD Street Address (P.O. Box Number is Not Acceptable) 82 **STE 328** MELBOURNE FL 32901 63 85 Zip Code 84 City 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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered egent and title if applicable (NOTL: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Addition TITLE 1.1 TITLE Change **BARRIOS. HUMBERTO** NAME 1.2 NAME 7500 SW 8TH ST PENTHOUSE I STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL 33144 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 HTLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - Z#P DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with indicated on this annual report or supplemental a officer or director of the corporation or the reiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with conditions.