

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000033850 (7)

1. Corporation Name

AMBROSE STEPHEN & MOORE, INC.

Principal Place of Business

451 ARTHUR GODFREY RD  
MIAMI BEACH FL 33140

Mailing Address

451 ARTHUR GODFREY RD  
MIAMI BEACH FL 33140



|                                |                     |                     |                     |                                                                                                                                                                |  |                                       |  |
|--------------------------------|---------------------|---------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>05/10/1993                                                                                                                |  | 3a. Date of Last Report<br>01/19/1995 |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>65-0409288                                                                                                                                    |  | Applied For<br>Not Applicable         |  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                      |  | \$8.75 Additional Fee Required        |  |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                             |  | \$5.00 May Be Added to Fees           |  |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |  |

9. Name and Address of Current Registered Agent

0000000000  
42XINGCHEN ROAD  
SUITE 208  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name  
Ambrose Stephen Moore  
82 Street Address (P.O. Box Number is Not Acceptable)  
323 Washington Ave.  
83  
84 City  
Miami Beach  
85 Zip Code  
FL 33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

*S. Moore*

NOTE: Registered Agent Signature Required for Change of Registered Agent

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|----------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | DP                   | 1. TITLE                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MOORE, AMBROSE S     | 2. NAME                                               |                                                                              |
| STREET ADDRESS             | 423 ESPANOLA WAY     | 3. STREET ADDRESS                                     | 323 Washington Ave.                                                          |
| CITY-STATE-ZIP             | MIAMI BEACH FL 33139 | 4. CITY-STATE-ZIP                                     | Miami Beach, FL 33139                                                        |
| TITLE                      | DV                   | 2. TITLE                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CABAN, KATHLEEN M    | 2. NAME                                               |                                                                              |
| STREET ADDRESS             | 1169 HAMPTON BLVD    | 2. STREET ADDRESS                                     | 1169 Hampton Blvd.                                                           |
| CITY-STATE-ZIP             | MIAMI BEACH FL 33139 | 2. CITY-STATE-ZIP                                     | North Lauderdale, FL 33068                                                   |
| TITLE                      |                      | 3. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 3. NAME                                               |                                                                              |
| STREET ADDRESS             |                      | 3. STREET ADDRESS                                     |                                                                              |
| CITY-STATE-ZIP             |                      | 3. CITY-STATE-ZIP                                     |                                                                              |
| TITLE                      |                      | 4. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 4. NAME                                               |                                                                              |
| STREET ADDRESS             |                      | 4. STREET ADDRESS                                     |                                                                              |
| CITY-STATE-ZIP             |                      | 4. CITY-STATE-ZIP                                     |                                                                              |
| TITLE                      |                      | 5. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 5. NAME                                               |                                                                              |
| STREET ADDRESS             |                      | 5. STREET ADDRESS                                     |                                                                              |
| CITY-STATE-ZIP             |                      | 5. CITY-STATE-ZIP                                     |                                                                              |
| TITLE                      |                      | 6. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 6. NAME                                               |                                                                              |
| STREET ADDRESS             |                      | 6. STREET ADDRESS                                     | 100001883641                                                                 |
| CITY-STATE-ZIP             |                      | 6. CITY-STATE-ZIP                                     | -07/03/96--01061--052                                                        |
|                            |                      |                                                       | ***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. 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 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:

*Kathleen Caban* KATHLEEN CABAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/30/96

305-672-1210

CR2E034 (12/95)