

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 17 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000034386 (1)**

1. Corporation Name

**AMKGS REGISTERED AGENTS, INC.**

Principal Place of Business

**ONE S.E. THIRD AVE.  
SUITE 1980  
MIAMI FL 33131**

Mailing Address

**ONE S.E. THIRD AVE.  
SUITE 1980  
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/12/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0408960** 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**

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

9. Name and Address of Current Registered Agent

**ABALLI, ARTURO J JR  
ONE S.E. THIRD AVENUE  
SUITE 1980  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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 fee if applicable

NOTE: Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABALLI, ARTURO J JR</b>	12. NAME	
STREET ADDRESS	<b>201 S BISCAYNE BLVD SUITE 2980</b>	13. STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	14. CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILNE, HENDRIK G</b>	22. NAME	
STREET ADDRESS	<b>201 S BISCAYNE BLVD SUITE 2980</b>	23. STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	24. CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KALL, CRAIG P</b>	32. NAME	
STREET ADDRESS	<b>201 S BISCAYNE BLVD SUITE 2980</b>	33. STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	34. CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARRIGO, SILVIA M</b>	42. NAME	
STREET ADDRESS	<b>201 S BISCAYNE BLVD SUITE 2980</b>	43. STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	44. CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANCHEZ, RAUL J</b>	52. NAME	
STREET ADDRESS	<b>201 S BISCAYNE BLVD SUITE 2980</b>	53. STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	54. CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

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 and intend to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of or sign-off attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RAUL JAVIER SANCHEZ**

Date

**4/12/95**

Daytime Phone #

**(305) 373-6600**