

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

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**Apr 23 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P93000034386 (1)**  
1. Corporation Name  
**AMKGS REGISTERED AGENTS, INC.**



Principal Place of Business Mailing Address  
**ONE S.E. THIRD AVE., SUITE 1980 MIAMI FL 33131** **ONE S.E. THIRD AVE., SUITE 1980 MIAMI FL 33131-1714**

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

3. Date Incorporated or Qualified **05/12/1993** 3a. Date of Last Report **03/14/1996**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP <input type="checkbox"/> DELETE
NAME	ABALLI, ARTURO J JR
STREET ADDRESS	<del>300 S BISCAYNE BLVD SUITE 2000</del> Suite 1980
CITY-ST-ZIP	MIAMI FL One S.E. Third Ave.,
TITLE	DVP <input type="checkbox"/> DELETE
NAME	MILNE, HENDRIK G
STREET ADDRESS	<del>300 S BISCAYNE BLVD SUITE 2000</del> Suite 1980
CITY-ST-ZIP	MIAMI FL One S.E. Third Ave.,
TITLE	DVPS <input type="checkbox"/> DELETE
NAME	KALIL, CRAIG P
STREET ADDRESS	<del>300 S BISCAYNE BLVD SUITE 2000</del> Suite 1980
CITY-ST-ZIP	MIAMI FL One S.E. Third Ave.,
TITLE	DVP <input type="checkbox"/> DELETE
NAME	GARRIGO, SILVIA M
STREET ADDRESS	<del>300 S BISCAYNE BLVD SUITE 2000</del> Suite 1980
CITY-ST-ZIP	MIAMI FL One S.E. Third Ave.,
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ana Maria Escagedo
1.3 STREET ADDRESS	One S.E. Third Ave., Suite 1980
1.4 CITY-ST-ZIP	Miami, Florida 33131
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 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: \_\_\_\_\_ DATE: **4/16/97** DAYTIME PHONE: **305/373-6600**

CR2E034 (9/96)