

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000036987 (4)**

1. Corporation Name
AMLWA, INC.



Principal Place of Business: **12550 BISCAYNE BLVD #402 NORTH MIAMI FL 33181**
Mailing Address: **12550 BISCAYNE BLVD #402 NORTH MIAMI FL 33181**

3. Date Incorporated or Qualified: **05/24/1993**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **65-0419307**
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

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

9. Name and Address of Current Registered Agent

**BROOKS, MICHAEL J
626 NE 124TH STREET
N. MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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 607.0508, Florida Statutes.

SIGNATURE _____ DATE _____

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE: PD	SCHUMACKER, WILFRIED	<input type="checkbox"/> DELETE
NAME:	1111 OLD GRIFFIN RD	
STREET ADDRESS:	DANIA FL 33004	
CITY-STATE-ZIP:		
TITLE: SD	SCHUMACKER, LILLY	<input type="checkbox"/> DELETE
NAME:	1111 OLD GRIFFIN RD	
STREET ADDRESS:	DANIA FL 33004	
CITY-STATE-ZIP:		
TITLE:		<input type="checkbox"/> DELETE
NAME:		
STREET ADDRESS:		
CITY-STATE-ZIP:		
TITLE:		<input type="checkbox"/> DELETE
NAME:		
STREET ADDRESS:		
CITY-STATE-ZIP:		
TITLE:		<input type="checkbox"/> DELETE
NAME:		
STREET ADDRESS:		
CITY-STATE-ZIP:		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME:	
13 STREET ADDRESS:	
14 CITY-STATE-ZIP:	
21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME:	
23 STREET ADDRESS:	
24 CITY-STATE-ZIP:	
31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME:	
33 STREET ADDRESS:	
34 CITY-STATE-ZIP:	
41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	
43 STREET ADDRESS:	
44 CITY-STATE-ZIP:	
51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY-STATE-ZIP:	
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 CITY-STATE-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 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: *Wilfried Schumacker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96
895-5815
Date: District Phone #

CR2E034 (12/95)