

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 # **P93000043914 (9)**

1. Corporation Name

AMBRO PAINTING & WATERPROOFING, INC.



Principal Place of Business

Mailing Address

**1345 N.E. 204TH STREET
MIAMI FL 33179**

**1345 N.E. 204TH STREET
MIAMI FL 33179**

3. Date Incorporated or Qualified

06/14/1993

3a. Date of Last Report

09/25/1995

4. FEI Number

65-0420708

Applied For

Not Applicable

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

g. Name and Address of Current Registered Agent

**FIGUEROA, MANNY C.P.A.
MANNY FIGUEROA, C.P.A., P.A.
306 ALCAZAR AVE., STE. 220
CORAL GABLES FL 33134**

81 Name

ONELL AMOR

82 Street Address (P.O. Box Number is Not Acceptable)

1345 N E 204 STREET

83

84 City

MIAMI

FL

85

Zip Code

33179

11. Pursuant to the provisions of Sections 607.0505 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(Print Name of Registered Agent, if different from the corporation's name)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
AMOR, ONELL
1345 N.E. 204 ST.
MIAMI FL 33179**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DST
AMOR, OSVALDO
1345 N.E. 204 ST.
MIAMI FL 33179**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
JIMENEZ, GUILLERMO
1345 N.E. 204 ST.
MIAMI FL 33179**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 its 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Onell Amor, President

DATE

DAY/TIME PHONE #

CR2E034 (12/95)