FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000051699 (5)**

1. Corporation Name

GRUPO AMOR, INC.

Principal Place of Business	Mailing Address
415 LAKE VIEW DR. #203 FT. LAUDERDALE FL 33326	415 LAKE VIEW DR. #203 FT. LAUDERDALE FL 33326

3. Date Incorporated or Qualified: 07/23/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 7850 NW 146 ST.
Suite, Apt. #, etc.
22: 431
City & State
23: Miami Lakes, FL
Zip
24: 33016
Country
25: USA

2a. Mailing Address
26: 16627 Waters Edge Dr
Suite, Apt. #, etc.
27:
City & State
28: Ft. Lauderdale FL
Zip
29: 33326
Country
30: USA

4. FEI Number: 65-0427401 ☐ 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

AMOR, RAFAEL F
415 LAKE VIEW DR.
#203
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name: Amor, Rafael F.
82 Street Address (P.O. Box Number is Not Acceptable): 16627 Waters Edge Dr.
83:
84 City: Ft. Lauderdale FL 85 Zip Code: 33326

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: _____ DATE: 4-24-96
Signature, typed or printed name of Registered Agent and title, if applicable — NOTE: Registered Agent signature required when not printing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	AHERAN-AMOR, BRENDA		1.2 NAME	Amor, Rafael F.	
STREET ADDRESS	415 LAKE VIEW DR. #203		1.3 STREET ADDRESS	16627 Waters Edge Dr.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33326	
TITLE	SD	☐ DELETE	2.1 TITLE	SD	☑ Change ☐ Addition
NAME	AMOR, RAFAEL F		2.2 NAME	Aheran-Amor Brenda	
STREET ADDRESS	415 LAKE VIEW DR. #203		2.3 STREET ADDRESS	16627 Waters Edge Dr.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33326	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ 4-24-96 (305)822-4505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #