


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90022 018 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000067398**

1. Corporation Name

**A.M.A. INTERNATIONAL ENTERPRISES, INC.**

Principal Place of Business

 10551 STRADFORD ROW  
 ORLANDO FL 32817-2060  
 US

Mailing Address

 P.O. BOX 250  
 GOLDENROD FL 32733-0250  
 US

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		<b>3. Date Incorporated or Qualified</b> 09/28/1993 <b>4. FEI Number</b> 59-3203970 <b>Applied For</b> <input type="checkbox"/> Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> SHAMS, NASRIN E 10551 STRADFORD ROW ORLANDO FL 32817-2060				<b>10. Name and Address of New Registered Agent</b> 81 Name <i>Chavoshi, Nasrin</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>10551 Stradford Row</i> 83 84 City <i>Orlando</i> FL 85 Zip Code <i>32817-2060</i>	

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

*Nasrin Chavoshi*

(NOTE: Registered Agent signature required when reappointing)

5/27/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ST	1.1 TITLE	<i>Chavoshi, Nasrin</i>
NAME	SHAMS, NASRIN E	1.2 NAME	<i>Chavoshi, Nasrin</i>
STREET ADDRESS	10551 STRADFORD ROW	1.3 STREET ADDRESS	<i>10551 Stradford Row</i>
CITY-ST-ZIP	ORLANDO FL 32817-2060	1.4 CITY-ST-ZIP	<i>Orlando, FL 32817-2060</i>
TITLE	VP	2.1 TITLE	<i>Chavoshi, Majid</i>
NAME	CHAVOSHI, MAJID	2.2 NAME	<i>Chavoshi, Majid</i>
STREET ADDRESS	P.O. BOX 115	2.3 STREET ADDRESS	<i>P.O. Box 250</i>
CITY-ST-ZIP	GOLDENROD FL 32733-0115	2.4 CITY-ST-ZIP	<i>Goldenrod, FL 32733-0250</i>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

*Nasrin Chavoshi*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

(407) 678-2456

Daytime Phone #

CR2E034 (11/98)