

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -3 PM 5:14

DOCUMENT # **P93000082686 (5)**

1. Corporation Name  
**AMA IMPORT & EXPORT, CORP.**

Principal Place of Business Mailing Address  
~~8000 W. DRIVE SUITE 202 N-BAY VILLAGE FL 33141~~ ~~8000 W. DRIVE SUITE 202 N-BAY VILLAGE FL 33141~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/02/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0452659** 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

2. Principal Place of Business 2a. Mailing Address  
21 **80 S.W. 8th St** 26 **80 S.W. 8th ST**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **SUITE 1890** 27 **SUITE 1890**  
City & State City & State  
23 **Miami-FL** 28 **Miami-FL**  
Zip Country Zip Country  
24 **33130-3047** 25 **U.S.A.** 29 **33130-3047** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARCE, MARCO**  
**80 S.W. 8TH STREET**  
**SUITE 2010-**  
**MIAMI FL 33130**

81 Name **Arce, Marco**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**80 S.W. 8th ST Suite #1890**  
83  
84 City **Miami** 85 Zip Code **FL 33130-3047**

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: Marco Arce  
(Print or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSD</b>	11 TITLE	<b>PSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARCE, MARCO</b>	12 NAME	<b>Arce, Marco</b>
STREET ADDRESS	<del>8000 W. DRIVE #202</del>	13 STREET ADDRESS	<b>999 S. Bay Shore DR # 1108</b>
CITY - ST - ZIP	<del>N-BAY VILLAGE FL</del>	14 CITY - ST - ZIP	<b>Miami-FL - 33131</b>
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - 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 110.07(3)(b), 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: Marco Arce  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ (Month/Day/Year)