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FILED
Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000082686 (5)

1. Corporation Name
AMA IMPORT & EXPORT, CORP.



Principal Place of Business: **80 S.W. 8TH STREET SUITE 1890 MIAMI FL 33130 US**

Mailing Address: **80 S.W. 8TH STREET SUITE 1890 MIAMI FL 33130-3047 US**

3. Date Incorporated or Qualified: **12/02/1983**

3a. Date of Last Report: **04/24/1996**

4. FEI Number: **65-0452659**

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 (21-24): **80 S.W. 8TH STREET SUITE 1890 MIAMI FL 33130 US**

2a. Mailing Address (26-30): **80 S.W. 8TH STREET SUITE 1890 MIAMI FL 33130-3047 US**

9. Name and Address of Current Registered Agent: **ARCE, MARCO 80 S.W. 8TH STREET SUITE 1890 MIAMI FL 33130**

10. Name and Address of New Registered Agent (81-85):

81 Name: _____

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

83 _____

84 City: _____

85 Zip Code: **FL** _____

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: _____ (NOTE: Registered Agent signature required when re-attesting) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	ARCE, MARCO	
STREET ADDRESS	999 S. BAY SHORE DRIVE, #1108	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ARCE, RODRIGO	
STREET ADDRESS	999 S. BAY SHORE DRIVE, #1108	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARCE, MARCO	
1.3 STREET ADDRESS	1420 S. BAYSHORE DR. #407	
1.4 CITY-ST-ZIP	MIAMI, FL. 33130	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ARCE, RODRIGO	
2.3 STREET ADDRESS	1420 S. BAYSHORE DR. #407	
2.4 CITY-ST-ZIP	MIAMI, FL. 33130	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002140779	
6.3 STREET ADDRESS	-04/11/97--01060--036	
6.4 CITY-ST-ZIP	***165.00	

14. I do 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 appointment with an address.

SIGNATURE: **RODRIGO ARCE / VP** (35) 577-8140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)