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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000083010 1. Corporation Name

AMBRAS INTERNATIONAL TRADING B, INC.

Principal Plac	ce of Business	Mailing Address			1 (23)(13) (13 (3)) (1) (3)	18181 IB188 (1111 98161	11811 6811 1881
6135 W 21 CO		6135 W 21 COURT					
HIALEAH FL 3	3016	HIALEAH FL 33016					
}					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed 12/06/1993		•
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
21		26			65-0462945	Not	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27			5. Certifcate of Status Desired	. Fee Re	quired
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year		
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent	81	T N	10. Name and Address of New Register	red Ağent	
POM	MERANIEC, BERNARDO		*'	Name			
i .	W 21 COURT		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	EAH FL 33016				1 2 3 3 4 3 4 4 4 4 4 4 5 4 5 4 5 4 5 4 5 4	A Garage	
			83			1. 1. A W \$ 1. 11. 14 (1) (1)	
1			84	City	<u> </u>	85 Zip C	
				· '	1	FIL I''I	
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11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the abov	e-named co	orporation submits this statement for the purpose	e of changing its	registered
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	02 and 607.1508, Florida Statute of Florida. Such change was au ations of, Section 607.0505, Flor	es, the abov uthorized by rida Statutes	e-named co the corpora i.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	e of changing its pointment as reg	registered pistered
11. Pursuant office or agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statutes	i.		e of changing its oppointment as reg	registered gistered
agent. I a	m familiar with, and accept the obligations of registered age	ations of, Section 607.0505, Florent and title if applicable. (NOTE:	rida Statutes Registered Age	i.	uired when reinstating) , DATE		
agent. I a SIGNATURE 12.	um familiar with, and accept the obligations of registered age OFFICERS AF	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS	Registered Ager	i.		E AND DIRECTOR	RS IN 12
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AI	ations of, Section 607.0505, Florent and title if applicable. (NOTE:	Registered Ages 13.	i.	uired when reinstating) , DATE		
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agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND DP POMERANIEC, BERBARDO 6135 W 21 COURT	ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE	t signature requ	uired when reinstating) , DATE	E AND DIRECTOR	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI DP POMERANIEC, BERBARDO	ations of, Section 607.0505, Flor ent and title if applicable. (NOTE: ND DIRECTORS	Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	t signature requ	uired when reinstating) , DATE	E AND DIRECTOR ☐ Change	RS IN 12
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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 proceed by 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 impowered 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 a doress, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CTTY-ST-ZIP

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90004 002 ***158.75

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