

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DOCUMENT # P94000007843 (3)**

1. Corporation Name  
**AMA ENTERPRISES, CORP.**



Principal Place of Business <b>4215 W 5 LANE HIALEAH FL 33012 US</b>	Mailing Address <b>4215 W 5 LANE HIALEAH FL 33012-3811 US</b>
---------------------------------------------------------------------------------	--------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>02/01/1994</b>	3a. Date of Last Report <b>05/21/1996</b>
--------------------------------------------------------	----------------------------------------------

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number <b>65-0463723</b>	Applied For <input type="checkbox"/> Not Applicable
22. Principal Place of Business City & State	27. Mailing Address City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Principal Place of Business Zip Country	28. Mailing Address Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Principal Place of Business Country	29. Mailing Address Country	30. Principal Place of Business Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**TANGARIFE, MIGUEL A  
4215 W 5 LANE  
HIALEAH FL 33012**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83. City	

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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TANGARIFE, ANA I</b>	1.2 NAME	
STREET ADDRESS	<b>4215 W 5 LANE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TANGARIFE, MIGUEL A</b>	2.2 NAME	
STREET ADDRESS	<b>4215 W 5 LANE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, ANDRES</b>	3.2 NAME	
STREET ADDRESS	<b>823 EAST 22ND ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALAAH FL 33018</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 attachment, with an address.

SIGNATURE: \_\_\_\_\_ **ANA I TANGARIFE** 01/20/97 820-0167 305  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)