

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

FILED  
May 13 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>	<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT #** P94000012643 (0)

1. Corporation Name

Amalumin, Inc.

Principal Place of Business

801 Brickell Ave.

9th Floor

Miami, FL 33133

Mailing Address

P.O. Box 45-0086

Miami, FL 33145-0086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/94

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0467552

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 owes or has paid the current year intangible

Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Mallis, Chris

1600 So. Bayshore Ln., Apt. 7C

Miami, FL 33131

81 Name

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

801 Brickell Ave.

83 9th Floor

84 City Miami

FL

85 Zip Code 33133

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.

4. SIGNATURE

Signature, typed 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 NAME

D/P

☐ DELETE

Mallis, Chris

STREET ADDRESS

1600 So. Bayshore Ln., Apt. 7C

CITY - ST - ZIP

Miami, FL

TITLE NAME

D/S/T

☐ DELETE

Mallis, Elisa

STREET ADDRESS

1600 So. Bayshore Ln., Apt. 7C

CITY - ST - ZIP

Miami, FL

TITLE NAME

D/S

☐ DELETE

Avila, Ana M.

STREET ADDRESS

999 So. Bayshore Dr., Apt. 1905

CITY - ST - ZIP

Miami, FL

TITLE NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change

☐ Addition

801 Brickell Ave., 9th Floor

Miami, FL 33131

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change

☐ Addition

801 Brickell Ave., 9th Floor

Miami, FL 33131

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☒ Addition

33131

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

600002522816

-05/14/98--01010--004

\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 in an attachment with an address.

SIGNATURE:

*Chris Mallis* Chris Mallis

Date

4/27/99 (305) 379-2749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #