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

APPROVED AND FILED

95 JUN 13 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037461

1. Corporation Name

A & M INVESTING GROUP, INC.

000001513920
-06/15/95--01056--004
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
330 S. W. 27 Ave Suite 605 Miami, Florida 33135	330 S. W. 27 Ave Suite 605 Miami, Florida 33135

3. Date Incorporated or Qualified: 5/18/94
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 650491240 ☐ 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

9. Name and Address of Current Registered Agent

Nora Elena Garces
330 S. W. 27 Ave
Suite 605
Miami, Florida 33135

10. Name and Address of New Registered Agent

81 Name: Nora Elena Garces
82 Street Address (P.O. Box Number is Not Acceptable): 330 S. W. 27 Ave
83: Suite 605
84 City: Miami, Florida FL 85 Zip Code: 33135

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: Nora Helena Garces M. 5-25-95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when mandatory) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	GARCES NORA ELENA	12 NAME	
STREET ADDRESS	330 S. W. 27 AVe Suite 605	13 STREET ADDRESS	
CITY ST ZIP	Miami, Florida 33135	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GARCES NORA ELENA	22 NAME	
STREET ADDRESS	330 S. W. 27 Ave Suite 605	23 STREET ADDRESS	
CITY ST ZIP	Miami, Florida 33135	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	GARCES NORA ELENA Suite 605	32 NAME	
STREET ADDRESS	330 S. W. 27 Ave	33 STREET ADDRESS	
CITY ST ZIP	Miami Florida 33135	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 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: 5-25-95 305 - 643 - 3218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number