

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000037461 (8)**

1. Corporation Name
A & M INVESTING GROUP, INC.



Principal Place of Business		Mailing Address	
2820 SW 27TH AVE STE 605 MIAMI FL 33135 7820 SW 117 STREET MIAMI FL 33156		7820 SW 117 STREET MIAMI FL 33156 7820 SW 117 STREET MIAMI FL 33156	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	22. City & State	27. City & State
23. Zip	28. Zip	29. Country	30. Country

3. Date Incorporated or Qualified 05/18/1994	3a. Date of Last Report 06/13/1995
4. FEI Number 65-0491240	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GARCES, NORA E 330 BS.W. 27TH AVE. STE. 605 MIAMI FL 33135				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

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 607.0502, Florida Statutes.

SIGNATURE *Nora Helena Garcés* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PSTG GARCES, NORA E	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	330 SW 27 TH AVE. STE. 605 7820 SW 117 STREET	13.2 STREET ADDRESS	
12.3 CITY-ST-ZIP	MIAMI FL 33135 MIAMI FL 33156	13.3 CITY-ST-ZIP	
12.4 TITLE	<input type="checkbox"/> DELETE	13.4 CITY-ST-ZIP	
12.5 NAME		13.5 CITY-ST-ZIP	
12.6 STREET ADDRESS		13.6 CITY-ST-ZIP	
12.7 CITY-ST-ZIP		13.7 CITY-ST-ZIP	
12.8 TITLE	<input type="checkbox"/> DELETE	13.8 CITY-ST-ZIP	
12.9 NAME		13.9 CITY-ST-ZIP	
12.10 STREET ADDRESS		13.10 CITY-ST-ZIP	
12.11 CITY-ST-ZIP		13.11 CITY-ST-ZIP	
12.12 TITLE	<input type="checkbox"/> DELETE	13.12 CITY-ST-ZIP	
12.13 NAME		13.13 CITY-ST-ZIP	
12.14 STREET ADDRESS		13.14 CITY-ST-ZIP	
12.15 CITY-ST-ZIP		13.15 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)(k), 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: *Nora Helena Garcés* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1/19/96** Daytime Phone #

CR2E034 (12/95)