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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000050953 (6)

DOCUMENT #
1. Corporation Name AMBA GROUP COMMUNICATIONS, INC.



Principal Place of Business Mailing Address									
	3 ROAD TERRACE	P.O. BOX 70702							
SUITE 307	LE LAKES FL 33313	FT. LAUDERDALE FL 33	307						
US	LE DIREG PE 30010				3. Date incorporated or Qualified 07/11/1994	3a. Date	of Last Report 07/17/1995		
2. Principal Pla	nce of Business	2a. Mailing Address				4. FEI Number	·	Applied For	
21 3041	26 3041 NW 43	NW 43 TERRACE			65-0491049		Not Applicable		
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>⊠</b>	\$8.75 Additional		
22		27					Fee Required		
City & State	RDALE LAKES, FL	City & State  28 LAUDERDALE LAKES, FL			6. Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
23 LAUDE	Country .	Zip	Caun	de.		8. This corporation has liability for i	ntangible ta		
24 3331	3 25 USA	<u></u>	o L	"[S	A	Florida Statutes	☐ No		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered .	Agent	
				B1	Name				
SIEGEL, BERNARD F. ESO					Street Address (P.O. Box Number is Not Acceptable)				
10723 SW 104 STREET									
IMAIM	FL 33176			83					
			Ī	84	City		FL	85 Zip Code	
11. Pursuant to	o the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes,	the abov	/e-na	amed cor	rporation submits this statement for the pur	nose of ohe	nging its registered office	
or registere	ed agent, or both, in the State of Florida	n. Such change was authorized l n.607.0505. Florida Statutes.	by the co	orpo	ration's t	porarion submits this statement for the poli- board of directors. I hereby accept the app	ointment as	registered agent. I am	
	Bernary Siga	el I					8/3	9/96	
SIGNATURE _	Signature, typed or printed name of registered agent ar		Registered A	Agent	signature re	quired when reinstating)	DATE	100	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF			
TITLE	D AND AND A	☐ DELETE	1. 1 TIT				L	Change Addition	
NAME	MBAATYO, AKPE A		1.2 NA						
STREET ADDRESS	LAUDEDDALF FL			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		I DUNED DAVE LAVEC	ايسو	72213	
CITY-ST-ZIP	LAUDENDALE FL	☐ DELETE	1.4 CIT 2. 1 TIT		ZIP	LAUDERDALE LAKES	4. P. Lon.	Change Addition	
TITLE			2.1 M					J 0	
NAME					ADDRESS				
STREET ADDRESS			2.4 CIT						
CITY-ST-ZIP TITLE		☐ DELETE			-111		a. [	Change Addition	
NAME		<b>-</b>	3.2 NA						
STREET ADDRESS	4		3.3. ST	raeet	ADDRESS				
CITY-ST-ZIP			3.4 CIT	IY-SI	-21P				
TITLE		☐ DELETE	4.1 TI		····	\$""\ \$""\ \$""\		Change Addition	
NAME			4.2 NA	ME	- 1	-00/25		1063019	
STREET ADDRESS			4.3 STI	REET	ADDRESS	******2	/30C 22 7C	****233.75	
CITY-ST-ZIP			4.4 CIT	TY-\$1	r- ZIP	*****	J.J. 1J	***************************************	
TITLE		☐ DELETE	5. 1 Til	TLE				Change Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 <b>\$</b> Tf	REET.	address				
CITY-ST-ZIP	t		5.4 CIT	TY-\$1	-ZIP			F-3 4 149	
	<u> </u>								
TITLE		☐ DELETE	6. 1 TI				•	Change Addition	
TITLE NAME		☐ DELETE	6.2 NA	ME			۱.	Change Addition	
1		☐ DELETE	6.2 NA 6.3 ST	ME REET	ADDRESS		12	7-12-91	
NAME STREET ADORESS		_	6.2 NA 6.3 STI 6.4 C/I	ame Reet Ty-si	F-ZIP	lify for the exemption stated in Section 119	B	7-13-94	

certify triat the information indicated on this annual report or supplemental arrival 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 3 if changed, or on an attrachment with an address.

GNATURE:

ALPE ALMBAATYO

4-30-96

954-677-999.

8-30-96 Dete