FILE NOW! FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:03

DOCUMENT # P94000066986 (8)

1. Corporation Name
AMAZON INVESTMENTS CORPORATION

Principal Place of Business:
10300 SUNSET DRIVE
SUITE 272
MIAMI FL 33173

Mailing Address:
10300 SUNSET DRIVE
SUITE 272
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1994
3a. Date of Last Report:

4. FEI Number: 65-0572392 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $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. 199.0…, Florida Statutes: Yes / No

2. Principal Place of Business / 2a. Mailing Address (21–30): Suite, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS INC.
5200 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ISHOOF, BIBI H
STREET ADDRESS	10300 SUNSET DRIVE SUITE 272
CITY-ST-ZIP	MIAMI FL 33173

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — Change / Addition

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, 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: [signature] 4-28-95 305-595-6916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0187677 CP