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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State \$ 165.00

DIVISION OF CORPORATIONS

DOCUMENT # P94000072484 (6)

1. Corporation Name
AMAZONAS MIAMI, INC.

Principal Place of Business

1941 S.W. 8TH STREET
MIAMI FL 33135

Mailing Address

1941 S.W. 8TH STREET
MIAMI FL 33135-3315



3. Date Incorporated or Qualified
09/29/1994

3a. Date of Last Report
03/06/1996

2. Principal Place of Business

21 7211 N.W. 12TH STREET

Suite, Apt #, etc

2a. Mailing Address

26 7211 N.W. 12TH STREET

Suite, Apt #, etc.

4. FEI Number

65-0527943

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

City & State

23 MIAMI - FL

Zip

24 33126

Country

25 U.S.A.

City & State

28 MIAMI - FL

Zip

29 33126

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SEVILLA, PABLO
9375 FOUNTAINBLEAU BLVD
APT. L-317
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name
SEVILLA, PABLO
82 Street Address (P.O. Box Number is Not Acceptable)
9949 COSTA del SOL BLVD
83
84 City
MIAMI - FL
85 Zip Code
33178

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

Signature and typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

01-14-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	SEVILLA, CLELIA	
STREET ADDRESS	9375 FOUNTAINBLEAU BLVD., #L-317	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	DELETE
NAME	SEVILLA, PABLO	
STREET ADDRESS	9375 FOUNTAINBLEAU BLVD., #L-317	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	DELETE
NAME	SEVILLA, XAVIER	
STREET ADDRESS	9375 FOUNTAINBLEAU BLVD., #1-317	
CITY-ST-ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	Change	Addition
1.2 NAME	SEVILLA, CLELIA		
1.3 STREET ADDRESS	9949 COSTA del SOL BLVD.		
1.4 CITY-ST-ZIP	MIAMI FL 33178		
2.1 TITLE	TD	Change	Addition
2.2 NAME	SEVILLA, PABLO		
2.3 STREET ADDRESS	9949 COSTA del SOL BLVD.		
2.4 CITY-ST-ZIP	MIAMI FL 33178		
3.1 TITLE	S	Change	Addition
3.2 NAME	SEVILLA, XAVIER		
3.3 STREET ADDRESS	9949 COSTA del SOL BLVD.		
3.4 CITY-ST-ZIP	MIAMI FL 33178		
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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:

CLELIA SEVILLA

1-14-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0189041

CP2E034 (9/96)