2000	O UNIFORM BUSI	MESS REPO	KT	(UBR)		rpr				
DOCUMENT # P940006 72484 1. Entity Name						FILED Apr 24, 2000 8:00 am Secretary of State					
AMAZONAS MIAMI, INC.											
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72// N.u.	ee of Business	Mailing Address 72/1 N・心・1とが、									
	-FL 33126	MIRMI-FC 33126									
U.5.	~ PC 331-9	0.5									
	,										
	Place of Business N・いいイチダ	3. Mailing Address 8258 Ν.ω.1457.									
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Sta	re	City & State			4 F	El Number		117	Applied For	7	
MIAMI-FL		MIAMI-FL				5-0527943			lot Applicable	1	
Zip 33126	Country U S	Zip 33/26	Cour	itry	5 . C	ertificate of Status Desired		8.75 Ac			
	6. Name and Address of Current R	L			7. N	ame and Address of New Reg				+	
SEVILLA, PABLO					Name						
9949 COSTA DEL SOL BLAD.					Street Address (P.O. Box Number is Not Acceptable)						
Apr. 4-317					1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 					-	
•	4x-FL 33178		Ci					Zip Coo	de .	$\frac{1}{2}$	
						 .	FL	L.P 00.		_	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or re	egistered age	nt, or both, in the State of Florid	la.				
SIGNATURE	Signature, typed or printed name of registered agent an						4				
	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE	: Hegistere	d Agent signature	required when rein	nstating)	DATE :			-	
This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After MAY 1 2000 F				to a the return the first of the first	电影中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国	10. Election Campaign Finar		\$5.0	00 May Be		
•	ria on back)	·····································	After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			Trust Fund Contribution.	₩ -	Adde	d to Fees		
11.	OFFICERS AND D	DIRECTORS	12.	a series reservatives and reserva-	ADE	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOF	RS IN 11	1	
TITLE	PD	☐ Delete	TITLI NAM					Change	Addition Addition	٥	
NAME STREET ADDRESS	SEVILLA, CLELIA S 9949 COSTA DEL SOL BLUD.			ET ADDRESS						2.40	
CITY-ST-ZIP	MEAME-FL 3317			-ST-ZIP						ü	
TITLE	TD	☐ Delete	TITL			 		Change	Addition	15	
NAME	SEVILLA, PABLO		MAM								
STREET ADDRESS CITY-ST-ZIP	9949 COSTA DEL SOLB	CVD.		ET ADDRESS - ST- ZIP		·			,		
TITLE	MEAMI-FL 33178	Delete	TITLE				, г	Change	Addition	1	
NAME	SEVILLA, XAVIER.		NAM				, -	_ onlings			
STREET ADORESS	9949 COSTA DEL GOL MERMI-FL 3317	BWD.		ET ADDRESS		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-			
CITY-ST-ZIP	MERMI-FL 3317			-ST-ZIP				7.0		-	
TITLE NAME	_	☐ Defete	TITLE NAM				L	Change	☐ Addition		
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
TITLE	,	☐ Delete	TITLE					Change	Addition		
NAME STREET ADDRESS			NAM: STRE	E Et address							
CITY-ST-ZIP				-ST-ZiP				,			
TITLE	····	☐ Delete	TITLE				Ē	Change	☐ Addition		
NAME			NAM								
STREET ADDRESS CITY-ST-ZIP			6	ET ADDRESS -ST-ZIP							
	pertify that the information supplied with t	this filing does not qualify for			Lin Section 1:	19 07/3Vi) Florida Statutas Lfu	rther cortif	that the	information	1	
13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like ampowered.											
SIGNAT	LIDE VILLE NO	Devilla		/1-1		TUA 4-11-00			j		
SIGNAL		NTED NAME OF SIGNING OFFICER	R DIRECT	OR CALL	EA >C	Date Date	Dayti	me Phone #			