FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 31 AM 7:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000084924 (7)

1. Corporate Name

AMRAP ENTERPRISES, INC.

Principal Place of Business: 1684 NORTH HIATUS ROAD, PEMBROKE PINES FL 33026

Mailing Address: 1684 NORTH HIATUS ROAD, PEMBROKE PINES FL 33026

3. Date Incorporated or Qualified: 11/21/1994

3a. Date of Last Report:

2. Principal Place of Business: 21 1689 N Hiatus Rd. 22 P 23 Pembroke Pines Fl 24 33026 25

2a. Mailing Address: 26 1689 N Hiatus Rd. 27 28 Pembroke Pines Fl 29 33026 30

4. FEI Number: 65-0540296 [ ] 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. Florida Statutes: X Yes [ ] No

9. Name and Address of Current Registered Agent

SYM, STEPHEN
1684 NORTH HIATUS ROAD
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name: STephen Sym
82 Street Address: 2120 SW 94th Terr
83 # 404
84 City: FT. Lauderdale FL 85 Zip Code: 33324

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

12. OFFICERS AND DIRECTORS

TITLE: President
NAME: STephen Sym
STREET ADDRESS: 2120 SW 94th Terr # 404
CITY-ST-ZIP: FT. Lauderdale, Fl. 33324

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

$ Deposited by Bank

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0006269 CP