**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000013817

1. Corporation Name

A.M. INDUSTRIAL LIMITED, INC.

## **FILED** Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90009 021 \*\*\*150.00

Principal Place of Business Mailing Address									
8301 N.W. 66TH STREET 8301 N.W. 66TH STREET									
MIAMI FL 33166 MIAMI FL 33166									
marini / E 00/00						DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
						02/17/1995			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<i>F</i>	pplied For
21		26				65-0557708			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	i			5. Certifcate of Status Desired		-	Additional
22		27				5. Certificate of otatos Besiled	<u> </u>	Fee F	Required
City & State	9 . ,	City & State	,		7-	±6. Election Campaign Financing			May Be
23		28			·	Trust Fund Contribution		Added	I to Fees
Zip	Country	Zip	Coi	untry		8. This corporation owes the curr	rent year Inta		_
24	25		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	ent Registered Agent		ļ.,		10. Name and Address of New	Registered /	Agent	
	44.00			81	Name		,		
	ALBA, LIBARDO			82	Street Ac	Idress (P.O. Box Number is Not Accept	able)		
Į.	1 N.W. 66TH STREET	l					•		
MIAN	MI FL 33166			83					
				84	City			85 Zip	Code
				84	City		FL	.	
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida S	tatutes, the a	above	-named co	rporation submits this statement for the	purpose of	changing i	s registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change w	as authorize	ol by ≀	the corpora	ation's board of directors. I hereby acce	pt the appoil	ntment as a	egisterea
ayent, rai	iii lamiliai witii, and decept the obii	gattoria di, occion our succe	, i londa ota	uico.	•				
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SIGNATURE	Signature, typed or crinted name of registered a	agent and title if applicable. (	(NOTE: Registere	d Agen	nt signature req	uired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered a OFFICERS	agent and title if applicable. (	(NOTE: Registere		nt signature req	uired when reinstating) ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12
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14. 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 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 arachment with an address, with all other like empowered.

SIGNATURE: