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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000018902 (3)**

1. Corporation Name

AMA ENVIRONMENTAL, INC.



Principal Place of Business

**8651 NW 15TH CT
PEMBROKE PINES FL 33024**

Mailing Address

**8651 NW 15TH CT
PEMBROKE PINES FL 33024**

3. Date Incorporated or Qualified

03/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAVINO, MICHAEL
8651 NW 15TH CT
PEMBROKE PINES FL 33024**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

Michael S SAVINO
8651 NW 15TH CT
Pembroke Pines FL 33024

1.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

Vice President
Adriana Albuerno-Pargas
101 NW 115th Ave #201
Plantation, FL 33325

1.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

101 NW 115th Ave #201
Plantation, FL 33325

1.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-STATE-ZIP ☐ DELETE

Plantation, FL 33325

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

Plantation, FL 33325

2.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

Plantation, FL 33325

2.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

Plantation, FL 33325

2.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-STATE-ZIP ☐ DELETE

Plantation, FL 33325

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

Plantation, FL 33325

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

Plantation, FL 33325

3.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

Plantation, FL 33325

3.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-STATE-ZIP ☐ DELETE

Plantation, FL 33325

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

Plantation, FL 33325

4.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

Plantation, FL 33325

4.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

Plantation, FL 33325

4.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-STATE-ZIP ☐ DELETE

Plantation, FL 33325

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

Plantation, FL 33325

5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

Plantation, FL 33325

5.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

Plantation, FL 33325

5.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-STATE-ZIP ☐ DELETE

Plantation, FL 33325

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

Plantation, FL 33325

6.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

Plantation, FL 33325

6.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

Plantation, FL 33325

6.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-STATE-ZIP ☐ DELETE

Plantation, FL 33325

6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

Plantation, FL 33325

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(3)(k), 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:

Adriana Albuerno-Pargas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

(954) 437-3090

Daytime Phone #

Vice President

CR2E034 (12/95)