## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000051660 (5)

AMITY SERVICES & ENTERPRISES INC.

## **FILED** Apr 11 1997 8:00am Secretary of State

Anit	Y Insurance	AGENCY 1	NC.	1					
Principa' Place 238 EAST 56TH HIALEAH FL 33	STREET	Mailing Address 236 EAST 56TH STREET HIALEAH FL 33013-1230	Saltern	· · · · · · · · · · · · · · · · · · ·					
						3. Date Incorporated or Qualified 06/01/1995	3a. Date 05/01	of Last R	eport
2, Principal Pl 21	lace of Business	2a. Mailing Address 26				4. FEI Number 65-0583123	——————————————————————————————————————		pplied For ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & State	9	City & State			<del> </del>	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be
23   7 (i)	Country 25	Ζιρ	Cou	ntry		8. This corporation has liability for		x under s	
24	9. Name and Address of Curren		30  			10. Name and Address of New R			
ECH	EVERRIA, ALMA			81 Name		10. 110110 0111 110111	-giotojoo rig		
	EAST 56 STREET		l						**************************************
	EAH FL 33013			82 Street	Addres	s (P.O. Box Number is Not Accepta	ble)		
THAL	LATITE 33013		}	83					
			- [	84 City			FL	85 Zip (	Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida State	dee the at	nove-named	cornor	alion submits this statement for the		handing d	e registered
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized	d by the con	poration	's board of directors. I hereby acce	pt the appoir	itment as	registered
agent La	m familiar vath, and accept the obliga-	ations of, Section 607.0505, F	lorida Stat	utes.					
SIGNATURE	Segment at the strong tendent parties of registered age.	at sort the it serole that the	VIE Quoistaros	(Agent signature	c required	when reinstating)	DATE		
12.	OFFICERS AN		13.	Agent alginatore	e requied	ADDITIONS/CHANGES TO OFFI		IRECTOR	S IN 12
1014	D	DELETE	1.130	LE				Change	Addition
NAME	ECHEVERRIA, ALMA		1.2 NA	ME					
S18661 ADORESS	236 EAST 56TH STREET			REET ADDRESS					
CHY-51-7 P	HIALEAH FL 33013			TY-ST-ZIP					
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NAME		_	2.2 NA				<del></del>		
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City S' ZiP				ITY-ST-ZIP					
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CHY-S1-ZIF				Y-ST-ZIP	1			Ų	<b>/</b> ////
Th <sup>y</sup> L E		DELETE	5.1 111		<del>                                     </del>		L	Change	Politible
NAME			5.2 NA	ME	1			-	
STREET AUGUESS				REET ADDRESS	1 .				
CITY-ST 20:				TY-ST-ZIP					
hit		DELETE	61 TIT		ļ		1 /1 /1	Change	Addition
NAME			6.2 NA	ME	1	90000214	ስር ተተመ በር በነን	, <b>.</b>	
STREET ADDRESS			6.3 \$1	REET ADDRESS	1	***165.00	60 .011		
CHY - S1 - 71P			6.4 Cr	TY-ST-ZIP		a.a.a.1 0 ∩ # 0 0			
									<del></del>

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.

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