

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000072350 (8)

1. Corporation Name

AMS CORPORATION OF MIAMI



Principal Place of Business

Mailing Address

8410 SW 40 STREET  
MIAMI FL 33155

8410 SW 40 STREET  
MIAMI FL 33155

3. Date Incorporated or Qualified

09/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

☒ 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. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANCHEZ, ANNIE T  
8410 SW 40 STREET  
MIAMI FL 33155

81 Name

Sara Salcines

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

8410 Southwest 40th Street

83

84 City

Miami

FL

85 Zip Code

33155-3226

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

*Sara Salcines*

June 25, 1996

(Signature required for principal place of business, foreign agent, and new agent appointment)

(NOTE: Registered Agent's signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD  
NAME SANCHEZ, ANNIE T  
STREET ADDRESS 8410 SW 40 STREET  
CITY-ST-ZIP MIAMI FL 33155

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

11 TITLE P, S, D  
12 NAME Sara Salcines  
13 STREET ADDRESS 8410 Southwest 40th Street  
14 CITY-ST-ZIP Miami, Florida 33155-3226

☒ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sara Salcines*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 25, 1996

DAY

MONTH YEAR

CR2E034 (3/96)