FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE: __

1996

P95000089759 (1)

1. Corporation Name AMIGOS VI. INC.					
MAIN	75 TI, 1110·				
Principal Place of Business Mailing Address					84101 70110 F0111 13401 01111 1011 1001
140 N. WESTMONTE DRIVE SUITE 203 ALTAMONTE SPRINGS FL 32714		140 N. WESTMONTI SUITE 203 ALTAMONTE SPRIN			
		NEINMONIE GEORE	00 FE 32/14	3. Date Incorporated or Qualified 3a. 11/21/1995	Date of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address	4444	4. FEI Number 59-3351416	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22	, 000	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 Zip	Country	This corporation has lability for intanging	
24)	25	29	30	Florida Statutes Yes 1	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registe	ered Agent
	ALIMPIAL A				
	I, andrew a Westmonte Drive		82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE 203			83		
altam	ONTE SPRINGS FL 32714		84 City		85 Zip Code
				oration submits this statement for the purpose	FL so zip code
SIGNATURE _	h, and accept the obligations of, Sec Signature, types or plane transit to the patential of OFFICE RS A	ND DIRECTORS	5. Forgindered Appen Segration restar	2/14/5 ADDITIONS/CHANGES TO OFFICERS	IATE
TITLE	D	DELETE	F 1 71 ILE		Change Addition
NAME	HYLTIN, ANDREW A		1.2 NAME	1.2 NAME	
STREET ADDRESS	140 N. WESTMONTE DRIV		1.3 STREET ADDRESS		
CITY - ST - 7IP	ALTAMONTE SPRINGS FL	32/14 ☐ DELETE	1.4 C (TY - S1 - ZIP 2.1 TITLE		Change Addition
TITLE NAME			22 NAME		G ****** G ** *
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST - ZIP		
TITLE		☐ DELETE	3 1 fif46		Change Addition
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CITY - ST - ZIP			3 4 CITY - ST- ZIP		
TITLE		DELETE	4 1 T TLE	200001800	Change
NAME			4.2 NAME	-04/30/9601011-	053
STREET ADDRESS			4.3 STREET ADDRESS	***200.00	000
CHY-ST-ZIP			4.4 CiTY - ST - 7 P		Change
TITLE		DELETE	5 1 TILLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY - ST - ZIP		☐ DELETE	5 4 CITY - \$1 - 20P 6 1 THEE		Change Addition
NAME		L /-	6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY ST-7IP			64 CITY-ST-ZIP		
14 Lala basab	y certify that the information supplied	d with this filing is voluntarily fu	imished and does not qualif	fy for the exemption stated in Section 119.07(3)	(k), Florida Statutes. I further
oath: that	t the information indicated on this an I am an officer or director of the cor In Block 12 or Block 13 if changed, o	poration or the receiver or trus	tee empowered to execute.	urate and that my signature shall have the same this report as required by Chapter 607, Florida	Statutes; and that my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/491 407-869-8008 56-4-28-96