

**CORPORATION  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11 1998 8:00am**  
**Secretary of State**

1. Corporation Name <b>AMJC, INC.</b>	<b>DOCUMENT #</b> <b>P96000013683</b>
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Mailing Address <b>1029 W 64 St. Hialeah, FL 33012</b>	Principal Place of Business
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21 <b>1029 W 64 St.</b>	2a. Principal Place of Business 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>HIALEAH FL.</b>	City & State 28
Zip 24 <b>33012</b>	Country 25 <b>E.U.</b>
Country 29	Zip 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>2-96</b>	3a. Date of Last Report <b>1997</b>
4. FEI Number <b>65-0642003</b>	Applied For Not Applicable
5. Certificate of Status Desired <b>\$8.75</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>Juan c del Moral 1029 W 64 St. Hialeah, FL 33012</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **2-11-98**

12. OFFICERS AND DIRECTORS	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>P Angel Menendez DELETE</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>Vice P Juan C del Moral 1029 W 64 St. Hialeah, FL 33012</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>P Arellys del Moral 1029 W 64 St. Hialeah, FL 33012 ADDITION</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<b>500002459395 -03/11/98--01005--017 ***150.00</b>

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or 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: *[Signature]* DATE **2/11/98**