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Jan 29, 1999 8:00am  
Secretary of State

01-29-1999 90001 029 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000018402

1. Corporation Name  
AMALFI MIAMI, INC.

Principal Place of Business  
826 LINCOLN RD  
MIAMI BEACH FL 33139  
US

Mailing Address  
826 LINCOLN RD  
MIAMI BEACH FL 33139  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/28/1996

4. FEI Number  
65-0646226

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

MARX, JAMES ESQ.  
201 SOUTH BISCAYNE BLVD.  
SUITE 340  
MIAMI FL 33131

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, 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	DVT	1.1 TITLE	
NAME	ABRAMOVITZ, MALCA	1.2 NAME	
STREET ADDRESS	4741 ALTON ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33139	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	
NAME	ABRAMOVITZ, RINA	2.2 NAME	
STREET ADDRESS	4741 ALTON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BHC FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	
NAME	AVI, ABRAMOVITZ	3.2 NAME	
STREET ADDRESS	4741 ALTON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	
NAME	PELMAN, VIVI	4.2 NAME	
STREET ADDRESS	4741 ALTON RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33139	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/99