

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

FILED
Aug 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000033615 (1)

1. Corporation Name

AMSAL TRADING WORLDWIDE CORP.



Principal Place of Business

Mailing Address

~~2450 WILTON DR~~
~~FT LAUDERDALE FL 33305~~

2450 WILTON DR
FT LAUDERDALE FL 33305-1251

2. Principal Place of Business

2a. Mailing Address

21 1395 N.W. 167th St.

26 1395 N.W. 167th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

27 Suite 100

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33169

25 U.S.A.

29 33169

30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

04/10/1996

4. FEI Number

65-0660461

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

10. Name and Address of New Registered Agent

81 Name

Levinton, Mauro

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

1395 N.W. 167th Street

83

Suite 100

84 City

Miami

FL

85 Zip Code

33169

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
SALERNO, GUSTAVO O
STREET ADDRESS **2450 WILTON DR**
CITY-ST-ZIP **FT LAUDERDALE FL 33305**

TITLE ☐ DELETE

NAME **DVT**
AMORES, GABRIEL E
STREET ADDRESS **2450 WILTON DR**
CITY-ST-ZIP **FT LAUDERDALE FL 33305**

TITLE ☐ DELETE

NAME **DS**
LEVINTON, MAURO
STREET ADDRESS **2450 WILTON DR**
CITY-ST-ZIP **FT LAUDERDALE FL 33305**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **DP**
Salerno, Gustavo O.
1.3 STREET ADDRESS **1395 N.W. 167th St. suite 100**
1.4 CITY-ST-ZIP **Miami, FL 33169**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **DVT**
1395 N.W. 167th St. suite 100
2.3 STREET ADDRESS **Amores, Gabriel E.**
2.4 CITY-ST-ZIP **Miami, FL 33169**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **DS**
Levinton, Mauro
3.3 STREET ADDRESS **1395 N.W. 167th St. suite 100**
3.4 CITY-ST-ZIP **Miami, FL 33169**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

CR2E034 (9/96)