

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000036781 (8)

1. Corporation Name

AM'IEL ARTS CORP.

Principal Place of Business

1717 N. BAYSHORE DRIVE  
SUITE 2347  
MIAMI FL 33132

Mailing Address

1717 N. BAYSHORE DRIVE  
SUITE 2347  
MIAMI FL 33132-1160

2. Principal Place of Business

4951 SW 80<sup>th</sup> ST

2a. Mailing Address

4951 SW 80<sup>th</sup> ST

Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

MIAMI FL

27. City & State

MIAMI FL

Zip

33143

Country

USA

28. Zip

33143

29. Country

USA

9. Name and Address of Current Registered Agent

SAMOLE, MYRON M  
9700 SOUTH DIXIE HIGHWAY  
SUITE 1030  
MIAMI FL 33158

81. Name

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

83.

84. City

FL 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

11.1 NAME STREET ADDRESS CITY-ST-ZIP	<p>PRESIDENT &amp; SEC. STANLEY SAMOLE TP, ST 4951 SW 80<sup>th</sup> ST MIAMI, FL 33143</p> <p><input type="checkbox"/> DELETE</p>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> DELETE</p>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.3 NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> DELETE</p>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.4 NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> DELETE</p>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.5 NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> DELETE</p>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> DELETE</p>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97

668-1551

Daytime Phone #

0178006

CR2E034 (9/96)