

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90211 018 ***150.00

DOCUMENT # P96000068436

1. Corporation Name
AMBAMAR, CORP.

Principal Place of Business

4012 W. 9TH CT.
HIALEAH FL 33012

Mailing Address

4012 W. 9TH CT.
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1996

4. FEI Number

58-2254344

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 owes the current year Intangible
Personal Property Tax.

Yes ☒ No ☐

2. Principal Place of Business

21 7952 W. 29TH WAY

2a. Mailing Address

26 7952 W. 29TH WAY

Suite, Apt. #, etc.

22 Apt. 101

Suite, Apt. #, etc.

27 Apt. 101

City & State

23 Hialeah, FL.

City & State

28 Hialeah, FL.

Zip Country

24 33018

Zip Country

29 33018

9. Name and Address of Current Registered Agent

BENCOSME, MAURILIO
4012 W. 9TH CT.
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name BENCOSME, MAURILIO
82 Street Address (P.O. Box Number is Not Acceptable) 7952 W. 29TH WAY #101
83
84 City Hialeah FL 85 Zip Code 33018

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

01/20/99

12. OFFICERS AND DIRECTORS

TITLE PT
NAME BENCOSME, MAURILIO
STREET ADDRESS 4012 W. 9TH CT.
CITY-ST-ZIP HIALEAH FL 33012

☐ DELETE

TITLE VS
NAME EDMEAD, ROSA E
STREET ADDRESS 4012 W. 9TH CT.
CITY-ST-ZIP HIALEAH FL 33012

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/99 (305) 364-8737

CR2E034 (11/98)