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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000068773 (6)

1. Corporation Name

AMALGAMATE ACQUISITIONS INTERNATIONAL REALTY CORPORATION

Principal Place of Business

2875 NORTHEAST 191ST STREET, SUITE 850
AVENTURA FL 33180

Mailing Address

2875 NORTHEAST 191ST STREET, SUITE 850
AVENTURA FL 33180-2804

3. Date Incorporated or Qualified
08/15/1996

3a. Date of Last Report
08/19/96

2. Principal Place of Business

21 18151 NE 31st Court

2a. Mailing Address

26 18151 N.E. 31st Court

Suite, Apt. #, etc.

22 # 301

Suite, Apt. #, etc.

27 # 301

City & State

23 AVENTURA, FL.

City & State

28 AVENTURA, FL.

Zip

24 33160

Country

25 U.S.A.

Zip

29 33160

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

JOHNSON, MICHA(MICKIE) G
2875 NORTHEAST 191ST STREET, SUITE 850
AVENTURA FL 33180

4. FEI Number

65-0692077

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

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

M. Chle (Mickie) G. Johnson

Signature typed or printed name of registered agent and the agent's title

(NOTE: Registered Agent signature required when reinstating)

DATE

04/23/97

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	MICHA (Mickie) G. Johnson		
1.3 STREET ADDRESS	18151 NE 31st Court, #301,		
1.4 CITY - ST - ZIP	AVENTURA, FL 33160		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

Mickie G. Johnson

Mickie G. Johnson

04/23/97 (305) 932-2320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0243900

CR2E034 (9/96)