


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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000075617 (6)

1. Corporation Name
AMADEI, INC.

Principal Place of Business

801 PONCE DE LEON BLVD. STE 701
CORAL GABLES FL 33134

Mailing Address

801 PONCE DE LEON BLVD. STE 701
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1996

4. FEI Number

65-0759883

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 7601 E. TREASURE DR

Suite, Apt. #, etc.

22 # 1023

City & State

23 N. BAY VILLAGE FL

Zip

24 33141

Country

25 USA

2a. Mailing Address

26 7601 E. TREASURE DR

Suite, Apt. #, etc.

27 # 1023

City & State

28 N. BAY VILLAGE FL

Zip

29 33141

Country

30 USA

9. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESQ.
801 PONCE DE LEON BLVD. STE 701
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

JACQUELINE SILVA SOARES

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

7601 E. TREASURE DR # 1023

83

84

City N. BAY VILLAGE

FL

85

Zip Code 33141

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 in, Section 607.0505, Florida Statutes.

SIGNATURE

Jacqueline Silva Soares

(NOTE: Registered Agent signature required when reinstating)

DATE

03/21/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HAUER, AGOSTINHO A
STREET ADDRESS 801 PONCE DE LEON BLVD. STE 701
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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 D HAUER, AGOSTINHO A
1.3 STREET ADDRESS 7601 E. TREASURE DR # 1023
1.4 CITY-ST-ZIP N. BAY VILLAGE, FL 33141

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.

SIGNATURE

Agostinho A. Hauer

03/21/98 305 P650727

CP2E034 (10/97)