| 200 0 | UNIFORM BUS | INESS REPOI | RT (UBR) | APPROVED | |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCU 1. Entity Nam | MENT # P9600084 | 791 (8) | , | FILED | |
| AMO CORPORATION | | | | 00 JUN 28 AM 9: 34 | |
| Principal Place of Business Mailing Address | | | | SECRETARY OF STATE | |
| 1328 N.Magnolia Dr. Tallahassee, FL 32308 | | PMB 257 1400_Village Sq.Blvd#3 Tallahassee, FL 32312 | | TALLAHASSEE, FLORIDA | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | |
| City & State | | City & State | | 4. FEI Number Applied For Not Applied For | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired Status Desired Status Desired | |
| | 6. Name and Address of Current | Registered Agent | Nome | 7. Name and Address of New Registered Agent | |
| BOND, NATHAN L ESQ 2121 Killarney Way Suite G Tallahassee, FL 32308-340 | | | | s (PO, Box Number is Not Acceptable) | |
| | | | | - Hotels and the contract of t | |
| | | -3400 | City | FL Zip Code | |
| 8. The above | named entity submits this statement for | the purpose of changing its re | gistered office or regist | | |
| SIGNATURE . | | | | | |
| O This seems | Signature, typed or printed name of registered agent s | 表面有限的基础设置的概念的概念的现在分词 1 | Registered Agent signature requir | ed when reinstating) DATE | |
| Tax filling re (See criter | ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) | After MAY 1, 2000 Make Check Payable | Fee will be \$550.00 to Department of St | ilust Fund Contribution. Added to Fees late | |
| III. | OFFICERS AND I | | 12. | | |
| NAME STREET ADDRESS CITY-ST-ZIP | 1401 Centerville Suite 300 | Rd. | NAME STREET ADDRESS CITY - ST - ZIP | 2000 <u>03315682</u> 7 2 | |
| TITLE NAME | Tallahassee, FL | 32308 Delete | TITLE NAME | ************************************ | |
| STREET ADDRESS City-St-zip | | | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition | |
| STREET ADDRESS | | | NAME STREET ADDRESS CITY-ST-ZIP | | |
| CITY-ST-ZIP TITLE | | ☐ Defete | TITLE | Change Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | ☐ Change ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | ☐ Change ☐ Addition | |
| STREET ADDRESS | | | STREET ADDRESS | SP | |
| indicated of the corp | ertify that the information supplied with, on this report of supplemental report is oration or the receiver or trustee empo or on an attachment with an address, w | true and accurate and that my wered to execute this report as | CITY-ST-ZIP ne exemption stated in S signature shall have the required by Chapter 60 | 4. SENumber 33038/3 5. Certificate of Status Desired | |
| SIGNAT | | INTED NAME OF SIGNING OFFICER OR | <u>gardo Ayal</u> | aM.D 06/27/00 Daytime Phone # | |

AMO Corporation

PMB 257 1400 VILLAGE SQUARE BLVD # 3 TALLAHASSEE, FL 32312 Phone (850) 656-6377 Fax (850) 656-7377

June 27, 2000

Florida Division of Corporations Dear Sir or Madam:

I am writing to let you know I never received the 2000 Uniform Business Report (UBR). Every year I have filed the report on time as you can see in your records. This year due to a small change in our mailing address we probably did not receive it.

I appreciate your consideration to this matter.

Ricardo Avala M D