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Mar 04 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 # **P96000085654 (7)**

1. Corporation Name

AMTRANS SYSTEMS CORPORATION

Principal Place of Business

**% RAUL J. SANCHEZ DE VARONA, ESQ.
1333 SOUTH MIAMI AVENUE, SUITE 303
MIAMI FL 33130**

Mailing Address

**% RAUL J. SANCHEZ DE VARONA, ESQ.
1333 SOUTH MIAMI AVENUE, SUITE 303
MIAMI FL 33130**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1996

4. FEI Number

65-0706406

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

2. Principal Place of Business

21 4649 Ponce de Leon Blvd

Suite, Apt. #, etc

22 Suite 400

City & State

23 Coral Gables, Florida

Zip

24 33146

Country

25 USA

2a. Mailing Address

26 4649 Ponce de Leon Blvd

Suite, Apt. #, etc

27 Suite 400

City & State

28 Coral Gables, Florida

Zip

29 33146

Country

30 USA

9. Name and Address of Current Registered Agent

**SANCHEZ DE VARONA, RAUL J
1333 SOUTH MIAMI AVENUE
SUITE 303
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name

Sanchez de Varona, Raul J.

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

4649 Ponce de Leon Blvd.

83

Suite 400

84 City

Coral Gables

FL

85 Zip Code

33146

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

TITLE ☐ DELETE

**D SANCHEZ DE VARONA, RAUL J.
1333 SOUTH MIAMI AVENUE, #303
MIAMI FL**

TITLE ☐ DELETE

**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

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STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME Sanchez de Varona, Raul J.

13 STREET ADDRESS 4649 Ponce de Leon Blvd. Suite 400

14 CITY-ST-ZIP Coral Gables, Florida 33146

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6176000

CP2E034 (10/97)