

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 25 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 # P96000086308 (9)

1. Corporation Name

AMECHE INVESTMENTS, INC.

Principal Place of Business

5252 SOUTH TAMiami TRAIL
SARASOTA FL 34231

Mailing Address

5252 SOUTH TAMiami TRAIL
SARASOTA FL 34231



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|-------------------------------------------------|--|---------------------|--|--------------------------------------------------------|--|---------------------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 10/16/1996 | | 10/16/1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 22 | | 27 | | 65-0704582 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Country | | Zip | | Country | |
| 24 | | 25 | | 29 | | 30 | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |

DRAKE, J K

~~525 SOUTH TAMiami TRAIL~~
~~SARASOTA FL 34231~~

81 Name

J. Kevin Drake

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

1343 Main Street, Suite 204

83

84 City

Sarasota

FL

85 Zip Code

34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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)

7/22/97

| | | | |
|---------------------------------|---------------------------------|-------------------------------------------------------------------|---------------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | | 1.1 TITLE | PRESIDENT |
| NAME | | 1.2 NAME | RALPH VITTI |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 5252 SOUTH TAMiami TRAIL |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | VICE PRESIDENT |
| NAME | | 2.2 NAME | TONY ALLEVA |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 5252 SOUTH TAMiami TRAIL |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | DIRECTOR |
| NAME | | 3.2 NAME | MARIO SALINITRI |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 1626 ERIE ST. EAST |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | WINDSOR, ONTARIO CANADA N9A 3X9 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | DIRECTOR |
| NAME | | 4.2 NAME | ANTHONY MOSCARDELLI |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 1626 ERIE ST. EAST |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | WINDSOR, ONTARIO CANADA N9A 3X9 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 in an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

7/21/97

CR2034 (4/97)