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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000094642 (1)

AMELIAPLEX, INC. Principal Place of Business Mailing Address						
Principal Plac	e of Business	Mailing Address	····	I IASILARI 210 IRUM ALIN BUNY BANK	i adiib ibibi bibib diili aib	II IIII IDDI
1103 EAST AMELIA STREET ORLANDO FL 32803		1103 EAST AMELIA STREET ORLANDO FL 32803-5327				
				3. Date Incorporated or Qualified 11/07/1996	3a. Date of Last F	Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	1 A	pplied For
1		26		59-3411044	N	ot Ap plicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , , ,	Additional lequired
City & Stat	e	City & State		6. Election Campaign Financing		May Be
3] Zip	Country	28	Country	Trust Fund Contribution		to Fees
<u>4</u>]	25	29	30	8. This corporation has fiability for it Florida Statutes	intangible tax under s ☐ Yes ☐ No	s. 199.032,
·	9. Name and Address of Current		1-91	10. Name and Address of New Re		
TOR	RICO, RAFAEL JR		81 Name			
	BEAST AMELIA STREET		82 Street A	ddress (P.O. Box Number is Not Acceptab	ole)	
	ANDO FL 32803		63			
			84 City	· · · · · · · · · · · · · · · · · · ·	last Zio	Code
			84 City		FL 85 Zip	Code
	Signature, typed or printed name of registered agent		TE: Registered Agent signature re	orporation submits this statement for the pration's board of directors. I hereby acceptions are stated to the second state of the second secon	DATE	<u> </u>
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and tille II applicable (NO DIRECTORS	TE: Registered Agent signature re		DATE CERS AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable (NO	TE: Registered Agent signature re	equired when reinstating)	DATE	R\$ IN 12
SIGNATURE 12. III.E	Signature, typed or printed name of registered agent OFFICERS AND	and tille II applicable (NO DIRECTORS	13.	equired when reinstating)	DATE CERS AND DIRECTO	R\$ IN 12
SIGNATURE 12. II.F VAME STREET ADDRESS	Signature, typied or junited name of registered agent OFFICERS AND D TORRICO, RAFAEL JR	and title II applicable (NO DIRECTORS DELETE	13. 1.1 TITLE S/T/D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	equired when reinstating)	DATE DERS AND DIRECTO Change	R\$ IN 12
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SIGNATURE:

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SUSAN TORRICO

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Secretary of State

(407) 1-1508

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