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

**PROFIT** CORPORATION ANNUAL REPORT

1999

AMSI HOLDING, INC.



DOCUMENT # **P96000098785**1. Corporation Name

FLORIDA DEPARTMENT OF STATE

## Katherine Harris Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90049 026 \*\*\*150.00

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Principal Place of Business Mailing Address				- I IMPIIOON IIA IOIIO OIIII OOIII OOIII OOIII OOIII OO	### ##################################	)		
101 NW 176TH ST 101 NW 176TH ST								
MIAMI FL 3316		MIAMI FL 33169			•	•		
						DO NOT WRITE IN TH	IIS SPACE	
						3. Date Incorporated or Qualifed		
						12/06/1996		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21	•	26				65-0719923	N	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee R	equired
City & Sta	City & State			6. Election Campaign Financing	\$5.00	May Be		
23		28			Trust Fund Contribution Added to Fees			
Žip	Country	Zip	Cou	Country		8. This corporation owes the current year	Intangible	
24	25	29	30			□No		
	9. Name and Address of Cu					10. Name and Address of New Registere	d Agent	
100		<b>没有这个</b> 有人也可以		81  N	lame			
	HTOWER, JAMES M			82 S	treet Addre	t Address (P.O. Box Number is Not Acceptable)		
	NW 176TH ST							
MIA	MI FL 33169			83		こととは質問類が自然質		
	•			84 C	N	- 「一般」では、2014年間の対象を発展し、最後には、2014年間 	54 July (45) 1388	5 H 2 2 2 2 3 3 4 3 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4
				04	ity	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Sta	tutes, the al	bove-na	amed corpo	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its	s registered
office or i	registered agent, or both, in the Si am familiar with, and accept the ob	tate of Florida. Such change wa bligations of Section 607 0505	s authorized Florida Stati	by the	corporation	n's board of directors. I hereby accept the app	ointment as re	egistered
		onganono on obditor dor todos,	. 101100 01011					
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NO	OTE: Registered	Agent sig	nature required	when reinstating) DATE		<del></del>
12.	OFFICERS	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT(	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TT	TLE .		eng make opt	☐ Change	☐ Addition
NAME *	HIGHTOWER, JAMES M		1.2 NA	ME				ŧ
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NAME			2.2 NA					
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NAME	· 蘇林 (東京) - 20	•	6.2 NA	ME	'	· # }	,	1
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

James M. Hightower

1/7/99 (305) 651-0440