PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90100 007 ***150.00

DOCUMENT # **P97000012144**1. Corporation Name

AMG SUNSHINE ENTERPRISES, INC.

Principal Place of Business	
19441 NE 19TH COURT	
NORTH MIAMI BEACH FL 33179.	

Mailing Address

19441 NE 19TH COURT

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NORTH MIAMI E	BEACH FL 33179		NORTH MIAMI BEACH FL 33179		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					02/06/1997	
2, Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0726615	Not Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certifcate of Status Desired	8.75 Additional	
22		27				Fee Required
City & State	e	City & State				5.00 May Be Added to Fees
23	Country	Zip	Cou	ntrv	This corporation owes the current year Intangit	
Zip	25	29	30	,,	Personal Property Tax.	
24	9. Name and Address of Curre				10. Name and Address of New Registered Ager	nt
				81 Name		
	MAN, ALEJANDRO A			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	1 NE 19TH COURT			0.000		
NOR	TH MIAMI BEACH FL 33179			83		
				84 City	8	Zip Code
					<u>FL []</u>	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida S	tatutes, the a	bove-named co	orporation submits this statement for the purpose of charation's board of directors. I hereby accept the appointme	nging its registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505	, Florida Stati	ites.	ation's board of directors. I hereby accept the appointme	
SIGNATURE	elet 1	- JYSRC	e GU	MAN	3/23/15	
	Signature, by ed or printed name of registered age	ent and title if applicable. ND DIRECTORS	(NOTE: Registered	Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
12.	D OFFIRERS AI	DELET		ne T		Change Addition
NAME	GUTMAN, ALEJANDRO A		1.2 N/			Ì
STREET ADDRESS	19441 NE 19TH COURT		1.3 ST	REET ADDRESS		Ì
CITY-ST-ZIP	NORTH MIAMI BEACH FL 331	79	1.4 CI	TY-ST-ZIP	•	
TITLE	D	☐ DELET	E 2.1 TI	TLE .		Change
NAME	GUTMAN, MARC A		2.2 N	WE		
STREET ADDRESS	2641 NE 164TH ST.		2.3 \$1	REET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 331			ITY-ST-ZIP		Ol Addition
TITLE		☐ DELET		1	П	Change
NAME			3.2 N/	}		l
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		☐ DELE1		TY-ST-ZIP		Change
TITLE				1	u	
NAME			4.2 N	REET ADDRESS		
STREET ADDRESS				TY-ST-ZIP		
CITY-ST-ZIP		☐ DELE1				Change Addition
NAME ;			5.2 N	WE.		
STREET ADDRESS	3 49 - 5 12 Per 1 1 1 2 2		5.3 ST	REET ADORESS		ļ
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP		
TITLE		DELE1	E 6.1 Π	TLE .		Change
NAME			6.2 N	AME .		
STREET ADORESS			6.3 S	TREET ADORESS		
CITY-ST-ZIP			6.4 C	TY-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.

SIGNATURE: