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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jun 18 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P97000033140 (9) **POCUMENT #**Corporation Name

AMANDA & ASSOCIATES, INC.

Principal Place of Business Mailing Address 6401 S.W. 145TH STREET 6401 S.W. 145TH STREET **MIAMI FL 33158** MIAMI FL 33158 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/11/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıp Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WHITE, CHARLES G ESQ 2250 S.W. THIRD AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 150 83 **MIAMI FL 33129** 84 City Zip Code 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, type tion printed name of registered agent and title diapplicable (NOTE Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE Addition **BUNASSAR, GEORGE** NAME 1.2 NAME 6401 S.W. 145TH STREET STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33158 1.4 CITY-ST-ZIP DELETÉ TITLE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS C(TY-ST-ZIP 2.4 CHY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE ✓Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY-ST-ZIP ☐ DELETE TITLE 5.1 TITLE Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME -06/19/98--01107--037

6.3 STREET ADDRESS

64 CITY - ST- ZIP 14. Thereby 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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

anged, or on an attachment with an address.

***150.00