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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000034631

1. Corporation Name

A.M. 2000 INC.

Dringing! Dlage								
Principal Place of Business		Mailing Address			1 :00(150) (10 (01)) (20)(03)() 00()(00)()			
13243 S.W. 10T	H_TERRACE	13243_S.W10TH_TER	RACE					
*MIAMI*FL*33184	4	MIAMI FL 33184	_		DO NOT WRITE IN THIS	CDACE		
					3. Date Incorporated or Qualifed	OF AUL		
					04/17/1997			
* D::::-! B	1	O- Mailing Addraga	4		4 FEI Number	1 1 40	plied For	
<u> </u>	lace of Business	2a. Mailing Address			65-0746244		t Applicable	
21	# _1_	26 Suite, Apt. #, etc.		-	0370740244	\$8.75 A		
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.			5. Certifcate of Status Desired	Fee Re		
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	— C∘	untry	8. This corporation owes the current year In	langible	ا مد	
24	25	29	30		Personal Property Tax.		Z(No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	Agent		
				81 Name				
	RKS, ANGELICA			82 Street Add	ress (P.O. Box Number is Not Acceptable)			
	13 S.W. 10TH TERRACE							
MAN	MI FL 33184			83				
V.				84 City FL 85 Zip (
11. Pursuant office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida S te of Florida. Such change w	tatutes, the	above-named corp	poration submits this statement for the purpose of one board of directors. I hereby accept the appo	changing its intment as re-	registered gistered	
agent. 1 a	m familiar with, and accept the obli-	gations of, Section 607.0505	, Florida Sta	itutes.	,,]	
agent. I a	im familiar with, and accept the obli	gations of, Section 607.0505	, Florida Sia	nutes.				
agent. I a	Signature, typed or printed name of registered a	gations of, Section 607.0505	NOTE: Registere	atures. Agent signature require	od when reinstating) DATE	+***		60
signature	Signature, typed or printed name of registered a OFFICERS A	gations of, Section 607.0505 gent and title if applicable. (AND DIRECTORS	NOTE: Registere	ad Agent signature require		ND DIRECTO	RS IN 12	(00)
agent. I a	Signature, typed or printed name of registered a OFFICERS A	gations of, Section 607.0505	NOTE: Registere	ad Agent signature require	od when reinstating) DATE	+***		(44,00)
signature	Signature, typed or printed name of registered a OFFICERS A D MARKS, ANGELICA	gations of, Section 607.0505 gent and title if applicable. (AND DIRECTORS	NOTE: Registere 13 E 1.11	ad Agent signature require . ITTLE	od when reinstating) DATE	ND DIRECTO	RS IN 12	(44/00)
agent. I all SIGNATURE 12.	Signature, typed or printed name of registered a OFFICERS / D MARKS, ANGELICA 13243 S.W. 10TH TERRACE	gations of, Section 607.0505 gent and title if applicable. (AND DIRECTORS	NOTE: Registere 13 E 1.11	ad Agent signature require	od when reinstating) DATE	ND DIRECTO	RS IN 12	(44,00)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A D MARKS, ANGELICA	gations of, Section 607.0505 gent and title if applicable. (AND DIRECTORS DELETI	NOTE: Registere 13 E 1.11 1.21 1.35 1.40	ad Agent signature require . ITTLE	od when reinstating) DATE	ND DIRECTO	RS IN 12	100E024 (44 (00)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS / D MARKS, ANGELICA 13243 S.W. 10TH TERRACE	gations of, Section 607.0505 gent and title if applicable. (AND DIRECTORS DELETI	NOTE: Registere 13 E 1.11 1.23 1.33 1.40 E 2.11	ad Agent signature require	od when reinstating) DATE	ND DIRECTO	RS IN 12	CD2E024 (44/00)
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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 changes, or on an attachment with an address, with all other like empowered.

5.4 CiTY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-SY-ZIP

6.1 TITLE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

DELETE

☐ Addition

Change

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90026 011 ***150.00