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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000041791

Principal Place of Business

STREET ADDRESS

AMDG ENTERPRISES, INC.

7800 NW 32ND ST 7800 NW 32ND ST MIAM! FL 33122 MIAMI FL 33122 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualifed 05/13/1997 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 65-0761314 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes the current year Intangible Country Zip □No Personal Property Tax. **™**Yes 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ORTIZ. IVAN F Street Address (P.O. Box Number is Not Acceptable) 7800 NW 32 ST **MIAMI FL 33122** 83 Zip Code 84 City 85 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 Change ☐ DELETE 1.1 TITLE TITLE PTD ORTIZ, IVAN F 1.2 NAME NAME 7231 SW 140TH AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33183-3149 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME ORTIZ. ROSEMARIE A NAME 7231 SW 140TH AVE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33183-3149 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-7IP ☐ DELETE 6.1 TITLE Change Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I hereby certify that the information supplied with this filing does not qualify to 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.

FILED

Secretary of State

03-11-1999 90002 032 ***150.00

Mar 11, 1999 8:00 am

CR2E034 (11/98)