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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of €tate

◆
DIVISION OF CORPORATIONS

DOCUMENT # P97000044456 (6)

A.M. COMPANY OF MIAMI, INC.

Principal Place of Business

Mailing Address

FILED Feb 18 1998 8:00am Secretary of State



\$131 N.W. 16 Miam) FL 330		5131 N.W. 165TH STREET MAMI FL 33014		DO NOT WRITE IN 3. Date Incorporated or Qualified 04/29/1997	THIS SPACE	
2. Principal P	10 1 4 C 4 5 14 DO 1	2a, Mailing Address	2. Side DR	4. FEI Number - 0157261	, , , .	pplied For ot Applicable
Suite, Apt.	# 9C 4 2 1	Suite, Apt. #1etc.	e 24	5. Certificate of Status Desired	\$8.75	Additional
22 13-1 5 0 14 21 27 13-V 13-V 14 City & State			51	6. Election Campaign Financing		equired May Be
23 // ΑΛ		1 Knynny 1 85	ru -	Trust Fund Contribution		to Fees
च्च ² 330	63 Country	_ૹ ૢૺ૾ૺ૱૱૽ૺ	Country 30	 This corporation owes or has paid the Personal Property Tax due June 30. 		tangible DNo
	9. Name and Address of Current Re	gistered Agent	04	10. Name and Address of New Regist	ered Agent	
	RINO, MARGARET		81 Name	erino, margaret		
	31 N.W. 165TH STREET AMI FL 33014		83	edress (P.O./Box Number is Not Acceptable)	OR	
ı			84 City	lanuate	FL 85 Z ₁₀	^{Code} 63
office or re	to the provisions of Sections 607.0502 and egistered agent, or both, in the State of Fi on familiar with, and accept the obligations	lorida. Such change was at	s, the above-hamed thorized by the corp	corporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing it	s registered
SIGNATURE						
	Signature, typed or printed name of registered agent and		Registered Agent signature r		ATE	
12.	OFFICERS AND DIF	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR Change	RS IN 12 Addition
NAME *	ECDINO MADGADET	-	1.2 NAME		Change	HOURION
STREET ADDRESS	SIST N.W. TESTH STREET 55	10 Laxe Side PR	1.3 STREET ADDRESS			
CITY-ST-ZIP	MAMI FL-88814- 6-	17 501211	1.4 CITY-ST-ZIP		•	
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NAME	(Na	iregale, FL 33063	2.2 NAME		_ •	_ ` `
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CITY-ST-ZIP			5.4 CITY-ST-ZIP			
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NAME			6.2 NAME			İ
STREET ADDRESS						1
			6.3 STREET ADDRESS			I
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

4. 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 suppliemental 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.

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