

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
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DOCUMENT # P97000048476

1. Corporation Name

AMANDA NICOLE CORP.

Principal Place of Business

2855 N.W. 6TH ST.
MIAMI FL 33125

Mailing Address

2855 N.W. 6TH ST.
MIAMI FL 33125

FILED

99 JAN 20 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/30/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0765250	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
26		31		5.00 May Be Added to Fees	
27		32		8. This corporation owes the current year Intangible	
28		33		Personal Property Tax	
29		34		Yes No	

9. Name and Address of Current Registered Agent

SOSA, VICTOR E
2855 N.W. 6TH ST.
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

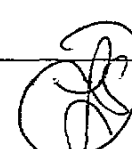
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2. DP		2.1 TITLE	
SOSA, VICTOR E		2.2 NAME	
2855 N.W. 6TH ST.		2.3 STREET ADDRESS	
MIAMI FL 33125		2.4 CITY-ST-ZIP	
3. DST		3.1 TITLE	
SOSA, TERESA A		3.2 NAME	
2855 N.W. 6TH ST.		3.3 STREET ADDRESS	
MIAMI FL 33125		3.4 CITY-ST-ZIP	
4. DELETE		4.1 TITLE	
5. DELETE		4.2 NAME	
6. DELETE		4.3 STREET ADDRESS	
7. DELETE		4.4 CITY-ST-ZIP	
8. DELETE		5.1 TITLE	
9. DELETE		5.2 NAME	
10. DELETE		5.3 STREET ADDRESS	
11. DELETE		5.4 CITY-ST-ZIP	
12. DELETE		6.1 TITLE	
13. DELETE		6.2 NAME	
14. DELETE		6.3 STREET ADDRESS	
15. DELETE		6.4 CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

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

Date

Daytime Phone #

017986

CR2E034 (11/98)