

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000050117 (5)

1. Corporation Name
A & M CONNECTION, INC.

Principal Place of Business

Mailing Address

C/O MARCIA RIBEIRO
~~421 SW 1ST STREET, SUITE 609~~
MIAMI FL 33131

C/O MARCIA RIBEIRO
~~421 SW 1ST STREET, SUITE 609~~
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1997

4. FEI Number

65-0759105

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 121 S.E. 1ST STREET

26 121 S.E. 1ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE NO. 609

27 SUITE NO. 609

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33131

25 U.S.A.

29 33131

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIBEIRO, MARCIA
3900 NORTH WEST 79TH AVENUE #560
MIAMI FL 33166

81 Name

RIBEIRO, MARCIA

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

121 S.E. 1ST STREET

83

SUITE NO. 609

84 City

MIAMI

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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)

1/13/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RIBEIRO, MARCIA
STREET ADDRESS 3900 NORTH WEST 79TH AVENUE #560
CITY-ST-ZIP MIAMI FL 33166

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME CARVALHO, ANDREA
STREET ADDRESS 3900 NORTH WEST 79TH AVENUE #560
CITY-ST-ZIP MIAMI FL 33166

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE: Marcia F. Ribeiro, MARCIA 1/13/98 (305) 379-5790

CR2E034 (10/97)