**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000065326

AMN ENTERPRISES, INC.

## FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90027 029 \*\*\*150.00



Meiling Address Principal Place of Business 11431 S.W. 5TH TERRACE 8775 S.W. 72 STREET **MIAMI FL 33174** MIAMI FL 33173 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/29/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 650 WOODGATE LANE Not Applicable 65-0770988 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5,00, May Be City's State City & State 6. Election Campaign Financing SUNRISE Added to Fees **Trust Fund Contribution** 28 Zip Country This corporation owes the current year Intangible USA □ Yes 12 No Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GHAYAS UDDIN VIQAR, ARSHAD 11431 S.W. 5TH TERRACE MIAMI FL 33174 SUMYIS 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 to agent. I am familiary this, and accept the obligations of, Section 807.0505, Florida Statutes. 5-24-99 SIGNATURE (NOTE: Registered Agent signature required CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE PSTD Change TITLE GHAYAS UDDIN VIQAR, ARSHAD 12 NAME NAME 650 woodgate Lane 11431 SOUTHWEST 5TH TERRACE 1.3 STREET ADDRESS STREET ADDRES MIAM? FL 33174 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TTLE TITLE 22 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZP ☐ Addition Change DELETE 31707F KAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TILE 4.2 NAME NAME A 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE DELETE 5.1 TTLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP &1 TITLE Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 eath; 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

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP