

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

FILED  
Apr 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000077336 (0)  
1. Corporation Name  
AMHAEX SERVICES INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 14084 SW 139 COURT MIAMI FL 33186		Mailing Address 14084 SW 139 COURT MIAMI FL 33186	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent HAWKINS, HARRY 14084 SW 139 COURT MIAMI FL 33186		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 \_\_\_\_\_ (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	1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	1.2 NAME	1.2 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE	2.1 TITLE	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	2.2 NAME	2.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	3.1 TITLE	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	3.2 NAME	3.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	4.1 TITLE	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	4.2 NAME	4.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	5.1 TITLE	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	5.2 NAME	5.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	6.1 TITLE	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	6.2 NAME	6.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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 partner or trustee authorized 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 amendment with an address.

SIGNATURE: \_\_\_\_\_

2/19/96

CR2E034 (10/97)