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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # PO700079891 (2)

A.M.J.	INTERNATIONAL, INC.	,	36 N.B. 964-91		
MIAMI SHORES FL 33138 MIAMI SHORE					
1				DO NOT WRITE IN TI	HIS SPACE
				3. Date Incorporated or Qualified 09/15/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		6505	7/77 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23	•	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 _{(p}	Country	8. This corporation owes or has paid the	
24	^ 25		30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
	STRE, CESAR A	N.E. 96th Street	81 Name		
15 51 NE 105TH ST			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
1 44(1)	AMI ONONES I E 33 130		83		
			84 City		85 Zip Code
			Oily Oily		FL 83 Zip Code
office or i	to the provisions of Sections 607.050; registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a	uthorized by the corporal	oration submits this statement for the purporion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	in in in in in the source of the constant	of the colon too. Too shall	nua Statutes		I
	Signature, type d'or protect name of registere d'a per		Registered Agent signature require		
12,	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
NAME	SASTRE, CESAR A		1.2 NAME		
STREET ADDRESS	1651 NE 105TH ST: 1080	N.E. 96th Street	1.3 STREET ADDRESS		,
CITY-ST-ZIP	MIAMI SHORES FL 33138		1.4 CITY - ST - ZIP		
TITLE		L] DELETE	21 TITLE		L.] Change L. Addition
NAME	}		22 NAME		
STREET ADDRESS CITY-ST-ZIP	·		2.3 STREET ADDRESS 2.4 CHY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DUETE	3.4. CITY- ST - ZIP		Change Addition
TITLE NAME		☐ DELETE	4.1 TITLE 4. 2 NAME		E change E Modition
STREET ADDRESS	1		4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-7IP	Į.		4.4 City-St-ZiP		
TITLE		DECETE	51 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5 4 CITY+ST-ZIP		Change Addition
TITLE NAME		ורו הנזנונ <u>ו</u>	6.1 TITLE 6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	5000002567 -06/22/9801008-	-015 R
DIRECT REPORT SS			VI DIRECT NOUNCOO	***150 00	6119

14. 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 arinual 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.

FILED

Jun 19 1998 8:00am

Secretary of State