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

PROFIT CORPORATION ANNUAL REPORT

1998

A STATE OF THE STA

ł



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081111 (1)

AMS OF MIAMI ENTERPRISES, INC.

Principal Place of Business Mailing Address 6767 COLLINS AVE 6767 COLLINS AVE SUITE 704 SUITE 704 DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 3. Date Incorporated or Qualified 09/18/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 782198 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DE SOUSA, AMAURY 6767 COLLINS AVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 704 83 MIAMI BEACH FL 33141 City 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, typod or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required whon reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE D TITLE 1.1 TITLE Change Addition VALENICA, JANETTE M NAME 1.2 NAME 6767 COLLINS AVE, STE 704 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE DE SOUSA, AMAURY NAME 2.2 NAME 6767 COLLINS AVE, STE 704 STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP 2.4 CITY - ST- ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.3 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 111LE Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or attachment with an address.

6.4 CITY - ST - ZIP

CICNATURE.

CITY-ST-ZIP

aunt

ns. 10.98

305(8664306)

**FILED** 

Apr 28 1998 8:00am

Secretary of State