

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90082 032 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine E. Lewis</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000012661**

1. Corporation Name

**AMRIKA REALTY CORPORATION**
 Principal Place of Business  
 3301 N.W. SOUTH RIVER DR.  
 MIAMI FL 33142

 Mailing Address  
 3301 N.W. SOUTH RIVER DR.  
 MIAMI FL 33142


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0823512	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## 9. Name and Address of Current Registered Agent


 EXPOSITO, JEFFREY  
 300-71ST ST., STE. 527  
 CITY NATIONAL BANK BUILDING  
 MIAMI FL 33141

## 10. Name and Address of New Registered Agent

 81 Name  
**KAINTH, HARBHAJAN SINGH**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3301 NW SOUTH RIVER DRIVE**  
 83  
 84 City  
**MIAMI** **FL** 85 Zip Code  
**33142**

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	<input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	KAINTH, HARBHAJAN SINGH
STREET ADDRESS		1.3 STREET ADDRESS	10865 NW 73rd TERRACE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI FL 33178
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	TSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	KAINTH, AMRIK
STREET ADDRESS		2.3 STREET ADDRESS	10865 NW 73rd TERRACE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33178
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Daytime Phone #

CR2E034 (11/98)