

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90202 048 ***150.00

DOCUMENT # P98000036659

1. Corporation Name

A&M BUSINESS INTERNATIONAL COMPANY

Principal Place of Business

**7741 S.W. 182ND TERRACE
MIAMI FL 33157**

Mailing Address

**7741 S.W. 182ND TERRACE
MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1998

4. FEI Number

65-0829712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 25 SE 2ND AVE

Suite, Apt. #, etc.

22 301

City & State

23 MIAMI - FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 25 SE 2ND AVE

Suite, Apt. #, etc.

27 301

City & State

28 MIAMI - FL

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

**VIEIRA, MAGDA S
7741 S.W. 182ND TERRACE
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name LENFERS, ALEXANDRE

**82 Street Address (P.O. Box Number is Not Acceptable)
540 BRICKELL KEY DR**

83 APTD 1604

84 City MIAMI

FL

85 Zip Code 33131

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

Alexandre Lenfers

(NOTE: Registered Agent signature required when reinstating)

DATE

04/13/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **LENFERS, ALEXANDRE**
STREET ADDRESS **7741 S.W. 182ND TERRACE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ DELETE
NAME **VIEIRA, MAGDA S**
STREET ADDRESS **7741 S.W. 182ND TERRACE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☐ Addition
1.2 NAME **LENFERS, ALEXANDRE**
1.3 STREET ADDRESS **540 BRICKELL KEY DR APTD 1604**
1.4 CITY-ST-ZIP **MIAMI FL 33131**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Alexandre Lenfers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/99

Date

Daytime Phone #

CR2E034 (11/98)