

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  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90132 049 \*\*\*150.00

DOCUMENT # P98000043886

1. Corporation Name

AMEK INTERNATIONAL TRADING CO.

Principal Place of Business

2736 ROLLING BROOK DR.  
ORLANDO FL 32837

Mailing Address

2736 ROLLING BROOK DR.  
ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1998

4. FEI Number

59-3512686

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

2a. Mailing Address

21 10957 Bar Harbor Dr.

26 10957 Bar Harbor Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Boca Raton, FL

28 Boca Raton, FL

Zip Country

Zip Country

24 33498

25 USA

29 33498

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAMAN, MYRA  
2736 ROLLING BROOK DR.  
ORLANDO FL 32837

81 Name

Maman, Myra

82 Street Address (P.O. Box Number is Not Acceptable)

10957 Bar Harbor Dr.

83

84 City

Boca Raton

FL

85 Zip Code

33498

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 MYRA MAMAN

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☐ DELETE  
NAME MAMAN, ANDRE  
STREET ADDRESS 2736 ROLLING BROOK DR.  
CITY-ST-ZIP ORLANDO FL 32837

1.1 TITLE PSTD ☒ Change ☐ Addition  
1.2 NAME Maman, Andre  
1.3 STREET ADDRESS 10957 Bar Harbor Dr.  
1.4 CITY-ST-ZIP Boca Raton, FL 33498

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

SIGNATURE REQUIRED Maman

3-18-99

Date

561-289-9794

Daytime Phone #

CR2E034 (11/98)

010317