

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 BROAK DR. ORLANDO FL 32837 Mailing Address 2736 ROLLING BROAK 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 21 10957 Bar Harbor Dr. 22 Suite, Apt. #, etc. 23 Boca Raton, FL 24 33498 25 USA 2a. Mailing Address 26 10957 Bar Harbor Dr. 27 Suite, Apt. #, etc. 28 Boca Raton, FL 29 33498 30 USA

9. Name and Address of Current Registered Agent MAMAN, MYRA 2736 ROLLING BROAK DR. ORLANDO FL 32837

10. Name and Address of New Registered Agent 81 Name Maman, Myra 82 Street Address (P.O. Box Number is Not Acceptable) 10957 Bar Harbor Dr. 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 3-13-99

12. OFFICERS AND DIRECTORS Table with columns for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP and checkboxes for DELETE.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Table with columns for 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP and checkboxes for Change and Addition.

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: MAMAN SIGNATURE REQUIRED Maman 3-13-99 561-289-9794 Date Daytime Phone #

010817

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