BECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000047482 \ 1. Corporation Name

A. M. C. LIAISONS CORP.

Principal Place of Business 1207 S.W. 119TH CT. UNIT B-2

Principal Place of Business

CUESTA, RUBEN E

MIAMI FL 33184

1207 S.W. 119TH CT. UNIT B-2

Suite, Apt. #, etc._

City & State

Zip

MIAMI FL 33184

FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90016 010 ***150.00

- 1 (184) (186) (186) (186) (186) (186) (188) (188) (188) (188) (188) (188) (188) (188) (188) (188)

Business Mailing Address		C CORRESPONDE COME CONTROL CON			
CT. UNIT B-2	1207 S.W. 119TH CT. UNIT B-2 MIAMI FL 33184		DO NOT WRITE IN THIS SF	PACE	
		_	3. Date Incorporated or Qualified 05/08/1998		
e of Business	2a. Mailing Address		4. FEI Number	Applied For	
	26		65-08-43-497 Not.	Not Applicable	
etc	Suite, Apt. #, etc.	- •	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
N	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property.	Yes No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

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

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.

83

84 City

in letting with, and doopt and obligations of, book			
Signature, based or printed name of registered agent and title if applicat	ole. (NOTE:	Registered Agent signatu	re required when reinstating) DATE
OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
P	DELETE	1.1 TITLE	Change Addition
CUESTA, RUBEN E		1.2 NAME	
•		1,3 STREET ADDRESS	
MIAMI FL 33184		1.4 CITY-ST-ZIP	
V	DELETE	2.1 TITLE	Change Addition
CUESTA, GEORGINA	_	2.2 NAME	
1207 S.W. 119TH CT.		2.3 STREET ADDRESS	
MIAMI FL 33184		2.4 CITY-ST-ZIP	
	DELETE	3.1 TITLE	Change Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
	DELETE	4,1 TITLE	Change Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	DELETE	5.1 TITLE	Change Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	DELETE	6.1 TITLE	Change Addition
· . 'ş k		6.2 NAME	f
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	and a 440 07/2/G/ Florido Statutos I further earlify that the information
	Signature, typed or printed name of registered agent and title if applicate OFFICERS AND DIRECTOR P CUESTA, RUBEN E 1207 S.W. 119TH CT. MIAMI FL 33184 V CUESTA, GEORGINA 1207 S.W. 119TH CT.	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS P CUESTA, RUBEN E 1207 S.W. 119TH CT. MIAMI FL 33184 V CUESTA, GEORGINA 1207 S.W. 119TH CT. MIAMI FL 33184 DELETE DELETE DELETE	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS P DELETE CUESTA, RUBEN E 1207 S.W. 119TH CT. MIAMI FL 33184 V DELETE CUESTA, GEORGINA 1207 S.W. 119TH CT. MIAMI FL 33184 14 CITY-ST-ZIP CUESTA, GEORGINA 1207 S.W. 119TH CT. 23 STREET ADDRESS MIAMI FL 33184 DELETE 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP DELETE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP DELETE 62 NAME 63 STREET ADDRESS 54 CITY-ST-ZIP DELETE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

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 cocivier 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 chapted, or on an attachment with an address.

IGNATURE:

305 2256599

Zip Code

583424-90016-10

Specializing in sponsorships, special events & promo

July 1, 1999

Florida Department of State Annual Report Filing Division of Corporation P.O. Box 1500 Tallahassec, Fl 32302-1500

To Whom It May Concern:

RE: Address Correction.

On June 17, I wrote a letter to the above mentioned department and address regarding a conversation I had with Ms. Stacy. See copy enclosed.

Today, I received the annual filing form in which I am requested to pay \$550. Ms. Stacy had informed me that because we did not receive the first annual filing report due to an error on our home/office address, I would only have to pay \$150.

I called the division of corporation again, today, and spoke with Mr. Tyrone. He advised me to send another letter with the following information and request to: Division of Corporation, P.O. Box 6327, Tallahassee, Fi 32314. However, the address outside the envelope is the one that I am requested to send payment to:

❖ Write a check or money order in the amount of \$150

than thomas, it has and the like in the majority, and it is

- Inform your department once again that we did not receive the annual filing report on time due to an address error
- Request that the late fees are waived (which it will be granted one time only)

I would appreciate if you could contact me to verify that this issue has been resolved.

Thank you very much for your assistance in this matter and we apologize for any inconveniences caused.

Mr. Ruben Cuesta

Sincerely:

(1976-1977年) 1976年 1987年 1

011 (505) 125-6599

June 17, 1999

Florida Department of State Annual Reports Fillings Division of Corporations P.O. Box 1500 Tallahassee, Fl 32302-1500

RE: Address correction.

On June 17, I contacted the annual report filing office at (850) 487-6059 and spoke with Ms. Stacy regarding the correction of our business address.

The correct address is the one shown on the business occupational license, documents and stationary; not the address that appears presently on your computer system. Enclosed, please find several documents, which demonstrates the correct address.

Please note that the articles of incorporation have two different addresses, which has created confusion. Our home/office does not have an apartment, suite or unit number, therefore, all correspondence should be delivered directly. Please make this correction if Ms. Stacy had not done so.

In addition, Ms. Stacy informed me she will re-send the annual report form since the first one was delivered to the incorrect building.

I apologize for any inconvenience and will immediately issue a check in the amount of \$150, as per Ms. Stacy, as soon as I receive the new form.

Thank you for your assistance in this matter.

Sincerely,

Mr. Ruben Cuesta

President