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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # S00765

(5)

AMCI FINANCIAL SERVICES CORPORATION

Principal Place of Business

Mailing Address

POST OFFICE BOX 560666 MIAMI FL 33256-0686 POST OFFICE BOX 560666 MIAMI FL 33256-0666

FILED May 13 1997 8:00am Secretary of State



MIAMI FL 33256-0686	MIAMI FL 33258-0666				
				3. Date Incorporated or Qualified 09/10/1990	3a. Date of Last Report 08/23/1996
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 9703 So DINE HW	26			65-0217128	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 MIAMI FL	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country		8. This corporation has liability for in	ntangible tax under s. 199.032,
24 33156 25 USA	29	30			Yes No
9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Reg	jistered Agent
ZESKIND, JEFFREY A.		B1	Name		
9703 SOUTH DIXIE HWY. #2F MIAMI FL 33156		82	Street Add	ress (P.O. Box Number is Not Acceptable SOUTH DIVIE How.	(e) Suge 3
IIII WARA I E GO TOO		63	1	9 M M	
		84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent, I am familiar with, and accept the	State of Florida. Such change was a	authorized by	the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
SIGNATURE Signature, typed or printed name of register				ulied when reinstating)	DATE
	IS AND DIRECTORS	L: Registered Age	nt signature requ	ADDITIONS/CHANGES TO OFFICE	·
TITLE PTS	DELETE	1.1 TITLE		7,5511,610,611,114,620,10,611,10	ERS AND DIRECTORS IN 12 Change Addition
NAME ZESKIND, JEFFREY A	-	1.2 NAME			
STREET ADDRESS 9703 SO. DIXIE HWY. #2	F	1.3 STREET	ADDRESS O	703 SOUTH DIKE HWY.	C. 75 2
CITY-ST-ZIP MIAMI FL 33156	•	1.4 CITY - S	1.7IP	103 SOM DILLE MOS,	301167
TITLE	DELETE	2 1 1111.6	1-211		Change Addition
NAME		2.2 NAME			•
STREET ADDRESS		2.3 STREET	ADDRESS		
CITY-ST-ZIP		2.4 CITY-S	17 - ZIP		
TITLE	DELETE	3.1 TITLE			Change Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET	ADDRESS		
CITY-ST-ZIP		3.4 CITY - S	(1 - Z)P		
TOTLE	☐ DELETE	4.1 TITLE			Change Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET	ADDRESS		
CITY-ST-ZIP		4.4 CITY-S	1- ZIP		
TITLE	☐ DELETE	5.1 TITLE			Change Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET	ADDRESS		
CITY-ST-ZIP		5.4 C(1Y+S	1-21P		•
TITLE	DELETE	6.1 TITLE			Change Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET	ADDRESS		j
CITY-ST-ZIP		etchi.e			
14 I do hereby certify that the information of	unnlind with this filing does not quell	y for the tive	motion state	nd in Section 119 07/3Vi) Florida Statutes	. I further certify that the

4. I do hereby certify that the information supplied with this filing does not qualify for the Inxemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the Information Indicated on this annual report or supplemental annual report is true and focurate 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 of 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 I change dust on an attachment with an address.

04/30/9

3054.29858