

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Suprema St. Northcott Secretary of State DIVISION OF CORPORATIONS		APPROVED JAN 13 1996	
DOCUMENT # S23979		(5)		95 JAN 13 1996	
1. Corporation Name A.M.D. NORTH AMERICA CORPORATION					
Principal Place of Business 5300 N.W. 12TH AVENUE #2 FT. LAUDERDALE FL 33309		Mailing Address 5300 N.W. 12TH AVENUE #2 FT. LAUDERDALE FL 33309		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/10/1991	
21		26		3a. Date of Last Report 04/29/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0239739	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24		29		7. Has corporation been indicted for violation of the Uniform Gifts to Minors Act (UGMA) or the Florida Statutes ☒ Yes ☐ No	
25		30		8. This corporation has liability for unpaid taxes under S. 100.039	
9. Name and Address of Current Registered Agent BOWMAN, DAVID S ONE E BROWARD BLVD SUITE 702 FT LAUDERDALE FL 33301				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	
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					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), 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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  A. MICHEL DESPREAUX					