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



CORPORATION ANNUAL REPORT 1996			Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS						
DOCUN 1. Corporation	MENT # \$5380	02	(2)						
AMSTA	R INC.					# 18801012 (A) A 100 1100 (B)11 B211		: 1 1 1 1 1 1 1 1 1 1 1	
Principa! Place	of Business	Mailing	Address	** ** ** ***	pt.				
3242 VILLAGE MIAMI FL 331			3242 VILLAGE GREEN DR. MIAMI FL 33175						
MINIMI TE GOT		Mileso	N FE SOTTO			3. Date Incorporated or Qualified		te of Last R	•
		· —···				05/17/1991	1	03/31/19	
2. Principal Pla	ice of Business	⊢ .¬	ling Address			4. FEI Number		⊢+ -	Applied For
21		26				65-0262863	· · ·		Not Applicable
Suite, Apt. #	, etc.	27	le, Apt. #, elc.			5. Certificate of Status Desired	₩.		Additional Required
City & State		28] City	/ & State			Election Campaign Financing Trust Fund Contribution			O May Be
Zip 24	Country 25	Zıp	-	Country		8. This corporation has liability for i			
24	9. Name and Address of Curr			<u> </u>		10. Name and Address of New R		Agent	
11. Pursuant to or registere familiar wit		02 and 607.15 orida. Such cha ection 607.0505	08, Florida Statutes, Inge was authorized 5, Florida Statutes	83 84 the above r by the corp	City named corpo oration's bea	oration submits this statement for the pur and of directors. Thereby accept the appo	Fl pose of c pintment a	L	p Code registered office d agent. I am
	Signature, typed or printed name of registered ag				t signature regen	es l'ivrigir de distargi	DAIL		
12.		ND DIRECTOR	RS DELETE	13. 1. 1 TITLE	ј	ADDITIONS/CHANGES TO OFF	CERS AN		Addition
NAME	P AANOUCOTED ADTUUD I	m	E J DECENE	1.1 MAME				E Change	
STREET ADDRESS	MANCHESTER, ARTHUR L. 3242 VILLAGE GREEN DR.	JII		1.3 STREET	Amadese				
CITY-ST-ZIP	MIAMI FL			1.4 C/TY - S					
TITLE	WILL I L		DELETE	2 1 THE				Change	☐ Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 \$1468.1	ADDRESS				
CHY-ST-ZIP				240117-5	1 - 2 (P				
TETLE			DEL É TE	3 1 T T L F				Change	neitibbA 🔲
NAME				3.2 NAME					
STREET ADDRESS				3 3 STREE	ADDRESS				
CITY - ST - ZIP	*** ********************************		F71 6/1 6 / 1	3 4 CITY - S	T-ZIP				
TITLE			☐ DELETE	4 1 TITLE				☐ Change	☐ Addit₁on
NAME				4.2 NAME	Lenneses				
STREET ADDRESS				4.3 STREET					
CITY-SI-ZIP TIFLE			DELÉTE	4.4 CITY - S 5 1 TITLE	1 - ZIP			Change	Addit-on
NAME				5 2 NAME					
CIDEEL VUUDEGG				5.3 CTPEFF	ADDRESS				

6.4 City - St - ZiP 14. It do hereby certify that the information supplied with this filing is voluntarily furnished and does not qually for the exemption stated in Section 119.07(3)(k), Fiorida 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 13 if changed, or on an attachment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6 1 TILLE

6.2 NAME

SIGNATURE:

CITY - ST - ZIP

\$TREE! ADDRESS

CI1Y-\$1-7IP

TITLE

NAMē

LEAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1/3//96 3055527209

Change Addition

CR2E034 (12/95)