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Secretary of State

06-09-1999 90001 018 ***550.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S92145**

1. Corporation Name
AMISAN CORPORATION



Principal Place of Business

Mailing Address

530 W 78TH ST
 HIALEAH FL 33014
 US

530 WEST 78 STREET
 HIALEAH FL 33014
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/04/1991

2. Principal Place of Business
 21 **8724 N.W. 110 St.**

2a. Mailing Address
 26 **8724 NW 110 St.**

4. FEI Number
65-0304948 Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 City & State
HIALEAH GARDENS, FL.

28 City & State
HIALEAH GARDENS, FL.

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip **33016** 25 Country **U.S.A.**

29 Zip **33016** 30 Country **U.S.A.**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OTAZO, CARY M.
7509 NW 169TH LANE
MIAMI FL 33015

81 Name **OTAZO, CARY M.**
 82 Street Address (P.O. Box Number is Not Acceptable)
17542 NW 87 PL
 83
 84 City **MIRAMONTE** FL 85 Zip Code **33018**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD DIAZ, SANTIAGO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	530 W 78 ST	1.2 NAME	
STREET ADDRESS	HIALEAH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VSD DIAZ, AMIRA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	530 W 78TH ST	2.2 NAME	
STREET ADDRESS	HIALEAH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Cary M. Otazo* **REQUIRED** 6/1/99 305-823-5062
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)