

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 23 AM 9:43

**DOCUMENT # V04618 (7)**

1. Corporation Name  
**AMSTAD, INC.**

Principal Place of Business <b>7230 NW 31 STR MIAMI FL 33122 US</b>	Mailing Address <b>7230 NW 31 STR MIAMI FL 33122 US</b>
--	--

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>01/03/1992</b>	3a. Date of Last Report <b>04/25/1994</b>
--	--

2. Principal Place of Business <b>21 3341 KAPOT TERRACE</b>	2a. Mailing Address <b>26 3341 KAPOT TERRACE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>23 MIRAMAR, FL</b>	City & State <b>26 MIRAMAR, FL</b>
Zip <b>24 33025</b>	Country <b>25 BROWARD</b>
Zip <b>29 33025</b>	Country <b>30 BROWARD</b>

4. FEI Number <b>65-0301872</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ROVIN, GARY B.  
ONE DATRAN CENTER SUITE 400  
9100 S DADELAND BLVD  
MIAMI FL**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

Signature (typed or printed name of registered agent and the filer, if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<b>HALLIGAN, GUY</b>
NAME	<b>6501 NW 36 ST #420</b>
STREET ADDRESS	<b>MIAMI FL</b>
CITY - ST - ZIP	
TITLE <b>D</b>	<b>HALLIGAN, SONIA</b>
NAME	<b>6501 NW 36 ST #420</b>
STREET ADDRESS	<b>MIAMI FL</b>
CITY - ST - ZIP	
TITLE <b>D</b>	<b>HOLCOMB, JIM</b>
NAME	<b>6501 NW 36 ST #420</b>
STREET ADDRESS	<b>MIAMI FL</b>
CITY - ST - ZIP	
TITLE <b>D</b>	<b>HOLCOMB, DIANNA</b>
NAME	<b>6501 NW 36 ST #420</b>
STREET ADDRESS	<b>MIAMI FL</b>
CITY - ST - ZIP	
TITLE <b>D</b>	<b>STEWART, BARRY</b>
NAME	<b>6501 NW 36 ST #420</b>
STREET ADDRESS	<b>MIAMI FL</b>
CITY - ST - ZIP	
TITLE <b>D</b>	<b>STEWART, NANCY</b>
NAME	<b>6501 NW 36 ST #420</b>
STREET ADDRESS	<b>MIAMI FL</b>
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <b>N/A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE <b>N/A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME <b>HOLCOMB, JIM</b>	
33 STREET ADDRESS <b>1953 RODMAN STREET</b>	
34 CITY - ST - ZIP <b>HOLLYWOOD, FL 33020</b>	
41 TITLE <b>N/A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME <b>STEWART, BARRY</b>	
53 STREET ADDRESS <b>3341 KAPOT TERRACE</b>	
54 CITY - ST - ZIP <b>MIRAMAR, FL 33025</b>	
61 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME <b>STEWART, NANCY</b>	
63 STREET ADDRESS <b>3341 KAPOT TERRACE</b>	
64 CITY - ST - ZIP <b>MIRAMAR, FL 33025</b>	

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 110.07(3)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barry W. Stewart* **BARRY W. STEWART** **6/19/95** **305-437-8981**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (3/95)