

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V53523** (9)

1. Corporation Name

AMBERWOOD, INC.



Principal Place of Business

Mailing Address

**3079 NE 163 STREET
N. MIAMI BEACH FL 33160
US**

**P.O. BOX 630817
MIAMI FL 33163**

3. Date Incorporated or Qualified

07/28/1992

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0358684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

PREMIER ASSET MANAGEMENT

~~3079 NE 163 STREET~~

~~N. MIAMI BEACH FL 33160~~

**2100 Park Central Blvd South
Ste. 900
Pompano Beach, Fl 33065**

81

Name

82

Address (P.O. Box Number is Not Acceptable)

83

City

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

[Signature]

[Signature]

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
AZOUT, JACK
3802 NE 207TH ST. ST. 1502
NORTH MIAMI BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
AZOUT, GILDA
3802 NE 207TH ST. STE. 1502
NORTH MIAMI BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11

NAME

☐

Change

☐

Addition

12

NAME

13

STREET ADDRESS

14

CITY - ST - ZIP

21

NAME

☐

Change

☐

Addition

22

NAME

23

STREET ADDRESS

24

CITY - ST - ZIP

31

NAME

☐

Change

☐

Addition

32

NAME

33

STREET ADDRESS

34

CITY - ST - ZIP

41

NAME

☐

Change

☐

Addition

42

NAME

43

STREET ADDRESS

44

CITY - ST - ZIP

51

NAME

☐

Change

☐

Addition

52

NAME

53

STREET ADDRESS

54

CITY - ST - ZIP

61

NAME

☐

Change

☐

Addition

62

NAME

63

STREET ADDRESS

64

CITY - ST - ZIP

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(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE:

[Signature]

Date

Daytime Phone #

CR2E034 (3/96)