FILE NOW: FILING FEE	AFTER M.	AY 1 IS	\$225.00	D
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PROFIT 's CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

(7)

AMBO INTERNATIONAL, INC.

MIDO III EIII III III III	
Principal Place of Business	Ma'ling Address
1207 BUCKINGHAM DR. TALLAHASSEE FL 32308	P.O. BOX 6044 Tallahassee FL 32314

- 1 1 4 1 11 4 11 5 11	<u> </u>	Ш

3. Date Incorporated or Qualified

3a. Date of Last Report

					09/02/1992	04/06/1995
2. Principal Place	of Business	28. Mailing Address			4. FEI Number	Applied For
	LATHRYN AVE	and the same of th			59-3138554	Not Applicab
Suite, Apt. #,		Suite, Apt. #, et	G.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	HASSER, PL	City & State		,	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζφ	Count	try	8. This corporation has tiability for	intangible tax under s 199.032,
1 3230		29	30			s □No
,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	g. Name and Address of Co	urrent Registered Agent			10. Name and Address of New I	Registered Agent
			8	31 Name		
COOPER	, CHARLES L. JR.			32 Street A	Address (P.O. Box Number is Not Accepta	ible)
	APITAL CIRCLE, N.E.			JI GUL	100/655 ()	
	SSEE FL 32308		E	33		
IALLADA	Bole et 25000					85 Zip Code
				B4 City		FL S Z P C C
	Costano 607	0502 and 507 1508 Florida S	Statutes the abov	e-named co	rporation submits this statement for the puboard of directors. I hereby accept the ap	urpose of changing its registered of
eiekiati ide	and accept the obligations of			gent signature re	equired when reinstating)	DATE
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	PSD	Dilete	E 1. 1 Til	LE	P/5/D	Change Additio
NAME 4	CASPARY, JORGE R.		1.2 NA	ME	LALDADY LOCOL	F
STREET ADORESS	1815 KAY AVENUE, B		13516	REET ADDRESS	1724 KATHRYN A	NE.
	TALLAHASSEE FL			Y-S1-ZIP	TALLAHASSEE, FL	. 32308
CITY-ST-ZIP *	VTD	[] DELET			· · · · · · · · · · · · · · · · · · ·	MEM Change [7] Additio
	CASPARY, MARIA B.	Name of State of Stat	2 2 NA	ME I	CASPARY, HARIA	, B,
NAME	1615 KAY AVENUE, B			REFT ADDRESS	1724 KATHRYN	1.7.4
STREET ADDRESS	IDID IONI ATLINUL, D		2.3 SD			
	TALLAMAQCEE EL				TALLAHAGSER, FL	_, 32308
CITY-ST-ZIP	TALLAHASSEE FL	□ DELET	2 4 CIT	ry-st-zip	TALLAHAGSER, FL	
TITLE	TALLAHASSEE FL	☐ DEL[1	24 CIT £ 3 1 TIT	TLE	TALLAHAGGER, FL	_, 32308
TITLE NAME	TALLAHASSEE FL	DEFEI	24 CIT E 3.1 TII 3.2 NA	TY-ST-ZIP TLE ME	TALLAHAGGER, FI	_, 32308
TITLE NAME STREET ADORESS	TALLAHASSEE FL	☐ DELEI	24 CIT E 3 1 TII 3.2 NA 33. ST	TY-ST-ZIP TLE .ME TREFT ADDRESS	TALLAHAGGER, A	_, 32308
TITLE NAME STREET ADDRESS CITY-ST-2IP	TALLAHASSEE FL		24 CIT E 3 1 TII 32 NA 33. ST 34 CIT	TY-ST-ZIP TLE ME TREFI ADDRESS TY-ST-ZIP	TALLAHAGGER, FI	_, 32308
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	TALLAHASSEE FL	☐ DELET	24 CIT 3 1 TII 32 NA 33. ST 34 CIT E 4 1 TI	TY-ST-ZIP TLE ME IREFI ADDRESS TY-ST-ZIP TLF	TALLAHAGGER, FI	_, 32308 Cnange Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME	TALLAHASSEE FL		24 CIT E 3 1 TII 32 NA 33 STI 34 CP E 4 1 TI 42 NA	TY-ST-ZIP TLE ME TREFI ADDRESS TY-ST-ZIP TLE	TALLAHAGGER, FI	_, 32308 Cnange Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS	TALLAHASSEE FL		24 CIT E 3 1 TIII 3.2 NA 3.3 ST 3.4 CIT E 4 1 TII 4.2 NA 4.3 ST	TY-ST-ZIP TLE ME TREET ADDRESS TY-ST-ZIP TLE THE TREET ADDRESS	TALLAHAGER, H	
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TALLAHASSEE FL	DELFT	24 CIT E 3 1 TII 32 NA 33 STI 34 CP 4 1 TI 42 NA 43 ST 44 CP	TY-ST-ZIP TLE ME IREFI ADDRESS TY-ST-ZIP TLF MME REEI ADDRESS TY-ST-ZIP	TALLAHAGEE, H	
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TALLAHASSEE FL		24 CIT E 3 1 TH 3.2 NA 3.3 ST 3.4 CP 4 1 TH 4.2 NA 4.3 ST 4.4 CIT E 5 1 TH	TY-ST-ZIP TLE ME IREFI ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TILE	DODDO18	
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TALLAHASSEE FL	DELFT	24 CIT E 3 1 TH 3.2 NA 3.3 ST 3.4 CP 4.1 TH 4.2 NA 4.3 ST 4.4 CIT E 5.1 TH 5.2 NA	TY-ST-ZIP TLE ME IREFI ADDRESS TY-ST-ZIP TLF ME REET ADDRESS TY-ST-ZIP ILE MALE ME	TALLAHAGEE, H	
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TALLAHASSEE FL	DELFT	24 GIT E 3 1 TH 3.2 NA 3.3 STI 34 GIT 4.2 NA 4.3 SI 4.4 GIT 5.2 NA 5.3 STI 5.2 NA 5.3 STI	TY-ST-ZIP TLE ME IREFI ADDRESS TY-ST-ZIP TLE ME REEI ADDRESS TY-ST-ZIP TLE ME REEI ADDRESS TY-ST-ZIP TLE MME	DODDO18	
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TALLAHASSEE FL	DELET	24 CIT E 3 1 TH 3.2 NA 3.3 ST 3.4 CIT 4.2 NA 4.3 ST 4.4 CIT 5.1 TH 5.2 NA 5.3 ST 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.5 TH 5.5 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.5 CIT 5.5 CIT 5.4 CIT 5.4 CIT 5.5 CI	TY-ST-ZIP TLE MME IREFI ADDRESS TY-ST-ZIP TLF MME REEI ADDRESS TY-ST-ZIP ILLE MME REEI ADDRESS TY-ST-ZIP ILLE MME REEI ADDRESS	DODDO18	
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS	TALLAHASSEE FL	DELFT	24 GIT E 3 1 TH 3.2 NA 3.3 STI 4 CIT 4.2 NA 4.3 SI 4.4 CIT 5.2 NA 5.3 STI 5.4 CIT 6.1 TH	IY-SI-ZIP TLE ME IREFI ADDRESS IY-ST-ZIP TLF ME REEI ADDRESS IY-SI-ZIP ILE AME IREFI ADDRESS ITY-SI-ZIP ITLE	DODDO18	
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TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	TALLAHASSEE FL	DELET	24 CIT E 3 1 TIT 32 NA 33 STI 44 CIT 42 NA 43 STI 52 NA 53 STI 54 CIT 66 1 TI 62 NA 63 STI 62 STI 63 STI 63 STI 63 STI 63 STI 63 STI 63 STI 63 STI 63 STI 63 STI 64 STI 65 STI 65 STI 66	IY-SI-ZIP TLE ME IREFI ADDRESS IY-ST-ZIP TLF ME REEI ADDRESS IY-SI-ZIP ILE AME IREFI ADDRESS ITY-SI-ZIP ITLE	DODDO18	

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 enipowered 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:

Qui & Con MARIA B. CASPACY 04/28/16 942-4057

CR2E034 (12/95)