

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90045 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V69215

1. Corporation Name
A.M.G. EXPORT TRADING, INC.



Principal Place of Business 8750 NW 100 ST BLDG #9 MIAMI FL 33178 US	Mailing Address 8750 NW 100 ST BLDG #9 MIAMI FL 33178 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2900 WEST 84TH STREET Suite, Apt. #, etc. 22 SECOND FLOOR City & State 23 HIALEAH, FL Zip Country 24 33016 25 USA		2a. Mailing Address 26 2900 WEST 84TH STREET Suite, Apt. #, etc. 27 SECOND FLOOR City & State 28 HIALEAH, FL Zip Country 29 33016 30 USA		3. Date Incorporated or Qualified 10/07/1992	
		4. FEI Number 65-0363988		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORPORATE ACCESS, INC. 1116-D THOMASVILLE RD. TALLAHASSEE FL 32303		10. Name and Address of New Registered Agent 81 Name CORPORATE ACCESS, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 236 E. 6TH AVENUE 83 84 City TALLAHASSEE 85 Zip Code FL 32315-7066	
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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 <input type="checkbox"/> DELETE	1.1 TITLE	XXX Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ANDRES M.	1.2 NAME	GONZALEZ, ANDRES M.
STREET ADDRESS	8750 NW 100 BLDG #9	1.3 STREET ADDRESS	2900 W. 84th ST. 2ND FLOOR
CITY-ST-ZIP	MIAMI FL 33178	1.4 CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MIRIAM V.	2.2 NAME	GONZALEZ, MIRIAM V.
STREET ADDRESS	8750 NW 100 ST BLVDG., #9	2.3 STREET ADDRESS	2900 W. 84th ST. 2ND FLOOR
CITY-ST-ZIP	MIAMI FL 33178	2.4 CITY-ST-ZIP	HIALEAH, FL 33016
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: _____ 1-20-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)