

FILED

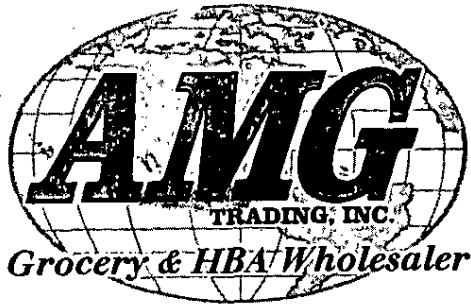
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V69215			
1. Corporation Name AMG EXPORT TRADING, INC			
2. Principal Office Address 2900 W. 84 STREET Suite, Apt. #, etc.		3. Mailing Office Address 2900 W. 84 STREET Suite, Apt. #, etc.	
City & State HIALEAH, FLORIDA		City & State HIALEAH, FLORIDA	
Zip 33016	Country USA	Zip 33016	Country USA
4. Date incorporated or Qualified To Do Business in Florida 10/7/92		5. FEI Number 65-0363988	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		58.75 Additional fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name CORPORATE ACCESS			
Street Address (P.O. Box Number is Not Acceptable) 236 EAST 6TH AVENUE			
Suite, Apt. #, Etc.			
City TALLAHASSEE		State FL	Zip Code 32315-7066
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.			
Signature of Registered Agent <i>Dany Benoit</i>		Date 10/24/00	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	GONZALEZ, ANDRES	2900 WEST 84TH ST.	HIALEAH, FL 33016
V	GONZALEZ, MIRIAM	2900 WEST 84TH ST.	HIALEAH, FL 33016
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b). P.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <i>Miriam Gonzalez</i>		Date 10-23-00 (305) 512-3445	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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October 23, 2000

Katherine Harris
Florida Department of State
Tallahassee, Florida

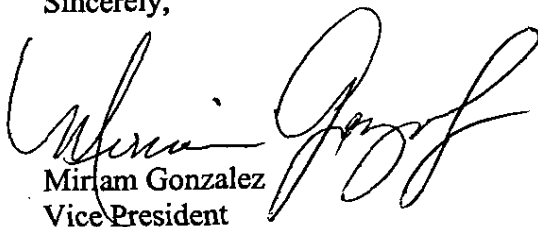
REF.: FEI No. 65-0363988

To Whom It May Concern:

This letter serves as a request to waive the penalty charges of \$600.00 from our account. Attached you will find the 1999 Report that has our change of address request, along with a copy check #3101 dated January 19, 1999 for \$150.00. It seems that since your office did not record the requested change of address, we never received the Profit Corporation Annual Report for 2000, therefore we never filed for 2000.

Please review our request and advise if you will need any further information.

Sincerely,


Miriam Gonzalez
Vice President