

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

**FILED**

**May 15 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # V70344 (9)**

**1. Corporation Name  
A & M BUSINESS INTERIOR SERVICES, INC.**

**Principal Place of Business**

**8000 SW 135TH AVE  
MIAMI FL 33183  
US**

**Mailing Address**

**8000 SW 135 AVENUE  
MIAMI FL 33183-4139  
US**



**3. Date Incorporated or Qualified  
10/05/1992**

**3a. Date of Last Report  
04/30/1996**

**4. FEI Number  
65-0360810**

**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

**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**

**9. Name and Address of Current Registered Agent**

**MATIAS, JOSE ANTONIO  
8000 SW 135TH AVE  
SUITE 2125  
MIAMI FL 33183**

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ DELETE

**NAME** **MATIAS, JOSE A**  
**STREET ADDRESS** **8000 SW 135TH AVE**  
**CITY - ST - ZIP** **MIAMI FL**

**TITLE** **VPT** ☐ DELETE

**NAME** **MATIAS, MILAGROS**  
**STREET ADDRESS** **8000 SW 135TH AVE**  
**CITY - ST - ZIP** **MIAMI 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**

**1.1 TITLE** ☐ Change ☐ Addition

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY - ST - ZIP**

**2.1 TITLE** ☐ Change ☐ Addition

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY - ST - ZIP**

**3.1 TITLE** ☐ Change ☐ Addition

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY - ST - ZIP**

**4.1 TITLE** ☐ Change ☐ Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY - ST - ZIP**

**5.1 TITLE** ☐ Change ☐ Addition

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY - ST - ZIP**

**6.1 TITLE** ☐ Change ☐ Addition

**6.2 NAME**

**6.3 STREET ADDRESS**

**6.4 CITY - ST - ZIP**

**14. I do 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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-28-97 305-385-1797**

CR2E034 (9/96)