

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996 5-1-96



FLORIDA DEPARTMENT OF STATE

Sandra B. Morrison Secretary of State

COMMISSION OF CORPORATIONS

DOCUMENT # 452054 5138 (0)

1. Corporation Name

AMERLAND CORPORATION



Principal Place of Business

Mailing Address

1355 WEST 53RD STREET APARTMENT 320 HIALEAH FL 33012

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3. Date Incorporated or Qualified	06/26/1974	3a. Date of Last Report	04/21/1995
4. FEI Number	59-1538699	Applied For	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 has liability for intangible tax under s. 198.03, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Sute, Apt. #, etc.	26. Sute, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

SALAZAR, EDUARDO
1340 CORAL WAY
HIALEAH FL 33012

10. Name and Address of New Registered Agent	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1505, Florida Statutes, the above named corporation, submit 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 of Registered Agent (Print Name and Title)

Signature of Officer or Director (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR, EDUARDO	2. NAME	
STREET ADDRESS	1340 CORAL WAY	3. STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL	4. CITY- ST- ZIP	
TITLE	SD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR, MARGARITA	3. NAME	
STREET ADDRESS	1340 CORAL WAY	4. STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL	5. CITY- ST- ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY- ST- ZIP		6. CITY- ST- ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY- ST- ZIP		7. CITY- ST- ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY- ST- ZIP		8. CITY- ST- ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY- ST- ZIP		9. 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)(g), Florida Statutes. I further certify 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 in an attachment with an address.

SIGNATURE: *Eduardo Salazar - President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

CR2E034 (12/95)