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May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 624871 (0)

1. Corporation Name
AMERICAN BANKERS SALES CORPORATION, INC.

Principal Place of Business	Mailing Address
C/O LEN GARCIA 11222 QUAIL ROOST DRIVE MIAMI FL 33157 US	C/O ARTHUR W HEGGEN 11222 QUAIL ROOST DRIVE MIAMI FL 33157 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 07/20/1979	
21 c/o Arthur W. Heggen	26	4. FEI Number: 59-1967729	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 11222 Quail Roost Dr.	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Miami FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 33157	Country 25 US	Zip 29	Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARCIA, LEONARDO 11222 QUAIL ROOST DR MIAMI FL 33157	B1 Name: Heggen Arthur W. B2 Street Address (P.O. Box Number is Not Acceptable): 11222 Quail Roost Dr. B3 Miami B4 City: FL B5 Zip Code: 33157

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: Arthur W. Heggen
Signature, type or printed name of rep. resident agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BECKER, DEBORAH		1.2 NAME		
STREET ADDRESS	11222 QUAIL ROOST DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HEGGEN, ARTHUR W		2.2 NAME		
STREET ADDRESS	11222 QUAIL ROOST DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DICKS, ROBERT		3.2 NAME		
STREET ADDRESS	11222 QUAIL ROOST DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NEUBARTH, SANFORD		4.2 NAME		
STREET ADDRESS	11222 QUAIL ROOST DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CASTELO, ENRIQUE L.		5.2 NAME		
STREET ADDRESS	11222 QUAIL ROOST DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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.

SIGNATURE: Arthur W. Heggen Arthur W. Heggen

CR2E034 (10/97)