FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **844475** **(4)**

1. Corporation Name

AMERICAN INTERNATIONAL ASSISTANCE SERVICES, INC.

Principal Place of Business	Mailing Address
70 PINE ST. NEW YORK NY 10270	70 PINE ST. 27TH FLOOR NEW YORK NY 10270

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/30/1979**

3a. Date of Last Report: **06/03/1994**

2. Principal Place of Business
21: 6775 Bering Drive
22: Suite 100
23: Houston, TX
24: 77057
25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc
28: City & State
29: Zip
30: Country

4. FEI Number: **13-2978927** ☐ 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

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
(Signature, typed or printed name of registered agent and the date of appointment) (If new Registered Agent, signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	~~WARREN, ANDREW~~	12 NAME	Jeffrey Kenderdine	
STREET ADDRESS	~~70 PINE ST~~	13 STREET ADDRESS	80 Pine Street	
CITY ST ZIP	~~NEW YORK, NY 00000~~	14 CITY ST ZIP	New York, NY 10005	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	FREDA, WILLIAM	22 NAME		
STREET ADDRESS	70 PINE ST	23 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	24 CITY ST ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	GUNTON, HOWARD	32 NAME		
STREET ADDRESS	ONE ALICO PLAZA	33 STREET ADDRESS		
CITY ST ZIP	WILMINGTON DE	34 CITY ST ZIP		
TITLE	D	41 TITLE	D	☑ Change ☐ Addition
NAME	~~TYLER, NICHOLAS~~	42 NAME	Edward Clancy	
STREET ADDRESS	~~70 PINE STREET~~	43 STREET ADDRESS	80 Pine Street	
CITY ST ZIP	~~NEW YORK, NY 00000~~	44 CITY ST ZIP	New York, NY 10005	
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	TUCK, ELIZABETH M.	52 NAME		
STREET ADDRESS	70 PINE ST.	53 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP		
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	SITRIN, SHERMAN A.	62 NAME		
STREET ADDRESS	70 PINE STREET	63 STREET ADDRESS		
CITY ST ZIP	NEW YORK, NY 00000	64 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)(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: Elizabeth M. Tuck 4-26-95 (212) 770-7000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0001632 CP