

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F31631** (7)

1. Corporation Name
AMERIPROP, INC.



Principal Place of Business: **1838 SOUTH MIAMI AVENUE MIAMI FL 33129**
Mailing Address: **1838 SOUTH MIAMI AVENUE MIAMI FL 33129**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

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

3. Date Incorporated or Qualified: **04/22/1981**
3a. Date of Last Report: **04/18/1995**
4. FET Number: **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

**SVALDI, MICHAEL
1838 SOUTH MIAMI AVENUE
MIAMI FL 33129**

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 607.0509 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 _____

12. OFFICERS AND DIRECTORS

TITLE	EVP <input checked="" type="checkbox"/> DELETE
NAME	SVALDI, MICHAEL
STREET ADDRESS	1838 S MIAMI AVE.
CITY-STATE-ZIP	MIAMI FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MYRTHIA, MOORE
STREET ADDRESS	1838 S. MIAMI AVE
CITY-STATE-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SVALDI, MICHAEL
STREET ADDRESS	1838 S. MIAMI AVE.
CITY-STATE-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MICHAEL SVALDI
13 STREET ADDRESS	1838 SOUTH MIAMI AV.
14 CITY-STATE-ZIP	MIAMI FL. 33129
21 TITLE	SECT. - TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MYRTHIA MOORE SVALDI
23 STREET ADDRESS	1838 SOUTH MIAMI AV.
24 CITY-STATE-ZIP	MIAMI FL. 33129
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Michael Svaldi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96 (306) 856-6678
DATE (City/State)

CR2E034 (12/95)