

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

APPROVED
AND
FILED

1997 OCT 31 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33129-1513**

2. Principal Place of Business (21-23)
2a. Mailing Address (26-30)

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

3. Date Incorporated or Qualified: **04/22/1981**

3a. Date of Last Report: **03/07/1996**

4. FEI Number: **NOT APPLICABLE**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$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 607.0502 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]* **MICHAEL SVALDI** (No Change) 10/21/97

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP Change Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP Change Addition

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

500002349505--9
-11/17/97--01144--013
****165.00 ****165.00

SCC 10-31-97

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.

CR2E034 (9/96)

Michael J. Svaldi

MR. CALDWELL:

THIS IS TO ADVISE YOU THAT
WE, AT AMERIPROP, INC., DIDN'T
RECEIVE OUR NOTICES OF RENEWAL
& FILING OF THE ANNUAL REPORT
FOR AMERIPROP, INC.

THANK YOU FOR YOUR UNDERSTANDING
& CONSIDERATION FOR OUR
REQUEST TO PAY THE \$165.00 FEE.

Michael Svaldi