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95 APR 27 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **P93000022460 (8)**

1. Corporation Name
AMERICANA KEY INC.

Principal Place of Business Mailing Address

~~799 BRICKELL PLAZA BLDG.
SUITE 700
MIAMI, FL 33131~~ ~~799 BRICKELL PLAZA BLDG.
SUITE 700
MIAMI, FL 33131~~

NEW ADDRESS
25 S.E. 2nd AVE, SUITE 435
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/25/1993** 3a. Date of Last Report: **04/11/1994**

4. FEI Number: **65-0404616** 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

2. Principal Place of Business 2a. Mailing Address

21. **25 S.E. 2nd AVE** 26. **25 S.E. 2nd AVE**

Suite, Apt. #, etc.: **SUITE 435** Suite, Apt. #, etc.: **SUITE 435**

22. **MIAMI, FL** 27. **MIAMI, FL**

City & State City & State

24. **33131** 25. 29. **33131** 30. **USA**

Zip Country Zip Country

9. Name and Address of Current Registered Agent

~~PALMA, LUIZ AMERICO S
799 BRICKELL PLAZA
SUITE 700
MIAMI, FL 33131~~ **JUVENAL LIND DE FREITAS
25 S.E. 2nd AVE #435
MIAMI, FL 33131**

10. Name and Address of New Registered Agent

81. Name: **JUVENAL L. DE FREITAS**

82. Street Address (P.O. Box Number is Not Acceptable): **25 S.E. 2nd AVE SUITE 435**

83. **MIAMI, FL 33131**

84. City: **MIAMI** 85. Zip Code: **FL 33131**

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]* DATE: **4/20/95**

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	PALMA, LUIZ AMERICO S
STREET ADDRESS	799 BRICKELL PLAZA #700
CITY - ST - ZIP	MIAMI FL
TITLE	VP
NAME	GONZALEZ, ROBERT J.
STREET ADDRESS	799 BRICKELL PLAZA #700
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	DE FREITAS, JUVENAL
STREET ADDRESS	700 BRICKELL PLAZA #700
CITY - ST - ZIP	MIAMI FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JUVENAL LIND DE FREITAS
13 STREET ADDRESS	25 SE 2nd AVE # 435
14 CITY - ST - ZIP	MIAMI FL 33131
21 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ROBERT J. GONZALEZ
23 STREET ADDRESS	25 SE 2nd AVE # 435
24 CITY - ST - ZIP	MIAMI FL 33131
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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: *[Signature]* DATE: **4/20/95** **305-3731526**

PRINT NAME AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)