

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000022460 (8)

1. Corporation Name  
**AMERICANA KEY INC.**



Principal Place of Business <b>25 SE 2ND AVENUE SUITE 435 MIAMI FL 33131 US</b>		Mailing Address <b>25 S.E. 2ND AVENUE SUITE 435 MIAMI FL 33131 US</b>		3. Date Incorporated or Qualified <b>03/25/1993</b>	3a. Date of Last Report <b>04/27/1995</b>
2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0404616</b>	Applied For Not Applicable		
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country	29. Country	30. Country			

9. Name and Address of Current Registered Agent <b>DE FREITAS, JUVENAL L 25 S.E. 2ND AVENUE SUITE 435 MIAMI FL 33131</b>				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 \_\_\_\_\_ (Type, print, or printed name of registered agent or officer, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DE FREITAS, JUVENAL L</b>		1.2 NAME	<b>TETSUYA MATSUMOTO</b>	
STREET ADDRESS	<b>25 SE 2ND AVE #435</b>		1.3 STREET ADDRESS	<b>25 SE 2ND AVE SUITE 435</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>		1.4 CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, ROBERT J.</b>		2.2 NAME		
STREET ADDRESS	<b>25 SE 2ND AVENUE #435</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL</b>		2.4 CITY-ST-ZIP		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE FREITAS, JUVENAL</b>		3.2 NAME		
STREET ADDRESS	<b>799 BRICKELL PLAZA #700</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33131</b>		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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: *Robert J. Gonzalez* 2/17/96 305 373 1526  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)