

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

FILED
Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000056064 (7)
 1. Corporation Name
AMERICAN ALLIANCE INSURANCE & FINANCIAL SERVICES, INC.



Principal Place of Business 6741 S.W. 24TH ST. STE. #55 MIAMI FL 33165	Mailing Address 6741 S.W. 24TH ST. STE. #55 MIAMI FL 33155-1768
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/10/1993	3a. Date of Last Report 05/10/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0428384	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MARTINEZ, PLACIDO
8470 SW 83RD STREET
MIAMI FL 33143

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 title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input checked="" type="checkbox"/>
NAME	MARTINEZ, MARY V	
STREET ADDRESS	8470 S.W. 83RD ST.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	TS	<input checked="" type="checkbox"/>
NAME	MARTINEZ, PACIDO L	
STREET ADDRESS	8470 S.W. 83RD ST.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	MARTINEZ, PLACIDO L		
1.3 STREET ADDRESS	8470 SW 83 ST.		
1.4 CITY-ST-ZIP	MIAMI, FLA. 33143		
2.1 TITLE	VJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	LOPEZ, DAVID M		
2.3 STREET ADDRESS	9625 SW 45 TERR		
2.4 CITY-ST-ZIP	MIAMI, FL 33165		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.

SIGNATURE *David Martinez Placido L Martinez* 1/27/97 305-266-5161

CP2E034 (9/96)