

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90193 018 ***158.75

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DOCUMENT # **P94000008618**

1. Entity Name
AMERICAN SALES AND MANAGEMENT ORGANIZATION CORPORATION



Principal Place of Business
**242 NW 42 AVE
MIAMI FL 33126**

Mailing Address
**242 NW 42 AVE
MIAMI FL 33126**

2. Principal Place of Business
10 NW 42nd Ave

3. Mailing Address
SAWC

Suite, Apt. #, etc.
7th Floor

Suite, Apt. #, etc.
SAWC

City & State
Miami, FL

City & State

Zip
33126

Country
Miami-Dade

Zip

Country

4. FEI Number **65-0459787**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~MEYER, JAMES M. ESQ.
FIRST UNION FINANCIAL CENTER - STE. 2000
200 S. BISCAYNE BLVD.
MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name
JAMES M. MEYER, ESQ

Street Address (P.O. Box Number is Not Acceptable)
101 BEICHELL AVENUE


SUITE 1050

City
MIAMI

FL
33131

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/7/2003**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LORENZO, JOSE C 242 NW 42 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LORENZO, ESTHER 242 NW 42 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LORENZO, JOSE C. 10 NW 42 AVE, 7 Floor MIAMI, FL. 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LORENZO, ESTHER 10 NW 42 AVE, 7 Floor MIAMI, FL. 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **01/07/03** **305-351-8541**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)