

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

**FILED**

**Apr 29 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P95000057993 (4)**

1. Corporation Name  
**AMERICORP ENTERPRISES, INC.**



Principal Place of Business  
**9100 S DADELAND BLVD  
SUITE 1400  
MIAMI FL 33156  
US**

Mailing Address  
**9100 SOUTH DADELAND BLVD  
SUITE 1400  
MIAMI FL 33156-7816  
US**

3. Date Incorporated or Qualified  
**07/27/1995**

3a. Date of Last Report  
**03/08/1996**

4. FEI Number  
**65-0602238**

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI  
201 SOUTH BISCAYNE BOULEVARD  
1600 MIAMI CENTER  
MIAMI FL 33131**

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 (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                                     |                                 |
|----------------|-------------------------------------|---------------------------------|
| TITLE          | <b>DCT</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>UGARTE, ENRIQUE</b>              |                                 |
| STREET ADDRESS | <b>6280 SOUTH WEST 102ND STREET</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                     |                                 |
| TITLE          | <b>PS</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>WARD, SMITH</b>                  |                                 |
| STREET ADDRESS | <b>7460 SW 165 TERRACE</b>          |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                     |                                 |
| TITLE          | <b>V</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>UGARTE, PAMELA</b>               |                                 |
| STREET ADDRESS | <b>6280 SW 102ND STREET</b>         |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                     |                                 |
| 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

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>PS</b>  |
| 2.3 STREET ADDRESS | <b>SMITH, WARD</b>   |
| 2.4 CITY-ST-ZIP    | <b>7460 SW 165 TERRACE</b>   |
| 2.5 CITY-ST-ZIP    | <b>MIAMI FL</b>  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 *Ward Smith* April 21 1997 (205) 170-0090

CR2E034 (9/96)