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Jun 19, 1999 8:00 am
Secretary of State

06-19-1999 90003 001 ***550.00

ANNUAL REPORT 1999

STATE OF FLORIDA
 RATHERINE HARRIS
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P.98000023326

1. Corporation Name
AMERICAN WORKS OF MIAMI, INC

Principal Place of Business: **2125 BISCAYNE BOULEVARD SUITE 340 MIAMI, FL 33137**
 Mailing Address: **1215 CHESTNUT STREET NEWTON UPPER FALLS, MA 02464-1308**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **2125 BISCAYNE BOULEVARD**
 Suite, Apt. #, etc. **340**
 City & State **MIAMI, FL**
 Zip **33137** Country **USA**

2a. Mailing Address
 26 **1215 CHESTNUT STREET**
 Suite, Apt. #, etc.
 City & State **NEWTON UPPER FALLS, MA**
 Zip **02464-1308** Country **USA**

3. Date Incorporated or Qualified
02/26/1998

4. FEI Number **06-1509480**
 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
DR LEE BOWES
2125 BISCAYNE BOULEVARD
SUITE 340
MIAMI, FL 33137

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 **DR LEE BOWES** DATE **7-6-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)


12. OFFICERS AND DIRECTORS

TITLE	CEO <input type="checkbox"/> DELETE
NAME	LEE BOWES
STREET ADDRESS	126 HIGHBROOK AVENUE
CITY-ST-ZIP	PELHAM, NY 10803
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	ABRAHAM LEVONITZ
STREET ADDRESS	51 HEATH HILL
CITY-ST-ZIP	BROOKLINE MA
TITLE	ASSISTANT SECRETARY <input type="checkbox"/> DELETE
NAME	RICHARD CSAPLAR
STREET ADDRESS	260 FRANKLIN STREET
CITY-ST-ZIP	BOSTON, MA 02110-3179
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/99 (617) 965-8875
Date Daytime F

CR2E034 (11/98)