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

APPROVED AND FILED

96 MAY -1 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000089232 (9)**

1. Corporation Name

AMERICAN EQUITY PARTNERS NO. 7, INC.

Principal Place of Business	Mailing Address
1040 S.W. FIRST STREET **MIAMI FL 33130**	**1040 S.W. FIRST STREET** **MIAMI FL 33130**

3. Date Incorporated or Qualified: **11/21/1995**

3a. Date of Last Report:

2. Principal Place of Business
21: 2300 CORAL WAY
Suite, Apt. #, etc. 22:
City & State 23: MIAMI FLORIDA
Zip 24: 33145 Country 25: US.

2a. Mailing Address
26: 2300 CORAL WAY
Suite, Apt. #, etc. 27:
City & State 28: MIAMI FLORIDA
Zip 29: 33145 Country 30: US.

4. FEI Number: 65-0640771 ☐ 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

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
1036 S.W. FIRST ST.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable): 2300 CORAL WAY SUITE # 200
83:
84 City: MIAMI **FL** 85 Zip Code: 33145

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: AMADA CANTERA LOPEZ.PRES DATE: 4/30/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD CANTERA, AMADA L 1040 S.W. 1ST ST. MIAMI FL 33130	XX DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/D BUCKREUS, GERTI 2300 Coral Way, Suite 201 Miami, Florida 33145 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP LOPEZ-CANTERA, AMADA 2300 Coral Way, Suite 201 Miami, Florida 33145 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S CARTAYA, LIDIA 2300 Coral Way, Suite 102 Miami, Florida 33145 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

$8.75 11

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: Lidia Cartaya 4/26/96 (305) 858-4550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)