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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 564807 1. Corporation Name

AMERICAN BROKERAGE CO., INC.

| Principal Place of Business    | Mailing Address             |  |  |  |  |
|--------------------------------|-----------------------------|--|--|--|--|
| 150 NW 50 ST.                  | 7150 NW 50 ST.              |  |  |  |  |
| P.O. BOX 520535 (ZIP 33152)    | P.O. BOX 520535 (ZIP 33152) |  |  |  |  |
| MIAMI FL 33166                 | MIAMI FL 33166              |  |  |  |  |
|                                |                             |  |  |  |  |
| 2. Principal Place of Business | 2a. Mailing Address         |  |  |  |  |
| 2. Principal Place of Business | 2a. Mailing Address         |  |  |  |  |
| ¬ '                            | — ·                         |  |  |  |  |

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90017 021 \*\*\*150.00



| O. BOX 520535 (ZIP 33152) P.O. BOX 520535 (ZIP 33152) IAMI FL 33166 MIAMI FL 33166 |                     |              |   | DO NOT WRITE IN THIS SPACE                                       |                                |  |  |  |  |
|--|---------------------|--------------|---|--|--------------------------------|--|--|--|--|
|  |                     |              |   | 3. Date Incorporated or Qualifed                                 |                                |  |  |  |  |
|  |                     |              |   | 12/27/1977   |                                |  |  |  |  |
| Principal Place of Business  | 2a. Mailing Address |              | ,   | 4. FEI Number  | Applied For                    |  |  |  |  |
|  | 26                  |              |   | 59-18828 <u>48</u>   | Not Applicable                 |  |  |  |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc. |              | •   | 5. Certificate of Status Desired                                 | \$8.75 Additional Fee Required |  |  |  |  |
| City & State   | City & State        |              |   | 6. Election Campaign Financing Trust Fund Contribution           | \$5.00 May Be<br>Added to Fees |  |  |  |  |
| Zip Country  | Zip 29              | Countr<br>30 | /   | This corporation owes the current yes     Personal Property Tax. | ear Intangible                 |  |  |  |  |
| 9. Name and Address of Current Registered Agent                                    |                     |              | 10. Name and Address of New Registered Agent          |  |                                |  |  |  |  |
|  |                     | 81           | Name  |  |                                |  |  |  |  |
| TORRE-VERDEJO, JORGE<br>7150 NW 50 ST  |                     | 82           | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                                |  |  |  |  |
| MIAMI FL 33166   |                     | 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 CONTINUE CO |                        |       |                    |            |               |     |              |              |  |  |  |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12 OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |                        |       |                    |            |               |     |              |              |  |  |  |  |
| 12.  | OFFICERS AND DIRECTORS |       | 13.                | ADDITIONS/ | CHANGES TO OF |     |              |              |  |  |  |  |
| TITLE  | PD DE                  | LETE  | 1.1 TITLE          |            |               |     | Change       | ☐ Addition { |  |  |  |  |
| NAME   | TORRE-VERDEJO, JORGE   |       | 1.2 NAME           |            |               | •   |              |              |  |  |  |  |
| STREET ADDRESS   | #2550, ONE SE 3 AVENUE |       | 1.3 STREET ADDRESS |            |               |     |              | }            |  |  |  |  |
| CITY-ST-ZIP  | MIAMI FL               |       | 1.4 CITY-ST-ZIP    |            |               |     |              |              |  |  |  |  |
| TITLE  | T DE                   | LETE  | 2.1 TITLE          |            |               |     | Change       | ☐ Addition   |  |  |  |  |
| NAME   | TORRE-VERDEJO, JORGE   |       | 2.2 NAME           |            |               |     |              | ľ            |  |  |  |  |
| STREET ADDRESS   | #2550, ONE SE 3 AVENUE |       | 2.3 STREET ADDRESS |            |               |     |              | 1            |  |  |  |  |
| CITY-ST-ZIP  | MIAMI FL               |       | 2. 4 CITY-ST-ZIP   | <u> </u>   |               | ~ , |              |              |  |  |  |  |
| TITLE  | V DE                   | ELETE | 3.1 TITLE          |            |               |     | Change       | Addition     |  |  |  |  |
| NAME   | HERNANDEZ,JORGE        |       | 3.2 NAME           |            |               |     |              |              |  |  |  |  |
| STREET ADDRESS   | #2550, ONE SE 3 AVENUE |       | 3.3 STREET ADDRESS |            |               |     |              |              |  |  |  |  |
| CITY-ST-ZIP  | MIAMI FL               |       | 3.4. CITY-ST-ZIP   |            |               |     | <u> </u>     |              |  |  |  |  |
| TITLE  | S DE                   | LETE  | 4.1 TΠLE           |            |               |     | Change       | ☐ Addition   |  |  |  |  |
| NAME   | TORRE-VERDEJO, MARIA   |       | 4. 2 NAME -        |            |               |     |              |              |  |  |  |  |
| STREET ADDRESS   | #2550, ONE SE 3 AVENUE |       | 4.3 STREET ADDRESS |            |               |     |              | ļ            |  |  |  |  |
| CITY-ST-ZIP  | MIAMI FL               |       | 4.4 CITY-ST-ZIP    |            |               |     |              |              |  |  |  |  |
| TITLE  | D DE                   | ELETE | 5.1 TITLE          |            |               |     | Change       | ☐ Addition   |  |  |  |  |
| NAME   | TORRE-VERDEJO, JORGE   |       | 5.2 NAME           |            |               |     |              |              |  |  |  |  |
| STREET ADDRESS   | #2550, ONE SE 3 AVENUE |       | 5.3 STREET ADDRESS |            |               | •   |              |              |  |  |  |  |
| CITY-ST-ZIP  | MIAMI FL               |       | 5.4 CITY-ST-ZIP    |            | _             |     | <del>_</del> |              |  |  |  |  |
| TITLE  |                        | ELETE | 6.1 TITLE          |            |               |     | ☐ Change     | ☐ Addition   |  |  |  |  |
| NAME   |                        |       | 6.2 NAME           |            |               |     |              | ļ            |  |  |  |  |
| STREET ADDRESS   | <b>/</b>               |       | 6.3 STREET ADDRESS |            |               |     |              | Ì            |  |  |  |  |
| CITY-ST-ZIP  | //                     |       | 6.4 CITY-ST-ZIP    |            |               |     |              |              |  |  |  |  |

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 supplied ental 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 trusted 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, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

RECTORGE Torre-Verdejo 1/22/99