

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000089232

1. Corporation Name

AMERICAN EQUITY PARTNERS NO. 7, INC.

Principal Place of Business

2300 CORAL WAY
SUITE 200
MIAMI FL 33145

Mailing Address

2300 CORAL WAY
SUITE 200
MIAMI FL 33145

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90125 023 *****8.75

05-03-1999 90125 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1717 N. Bayshore Drive

Suite, Apt. #, etc.

22 Suite # 114

City & State

23 Miami Florida

Zip

Country

24 33132

25

2a. Mailing Address

26 1717 N. Bayshore Drive

Suite, Apt. #, etc.

27 Suite # 114

City & State

28 Miami Florida

Zip

Country

29 33132

30

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

S & K Property Management, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

1717 North Bayshore Drive

83

Suite 114

84

City
Miami

FL

85 Zip Code
33132

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

Signature, typed or printed name of registered agent and title if applicable.

Lidia Cartaya, VP

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BUCKREUS, GERTI
STREET ADDRESS 1717 N BAYSHORE DR, SUITE 114
CITY-ST-ZIP MIAMI FL 33132

TITLE V ☒ DELETE
NAME LOPEZ-CANTERA, AMADA
STREET ADDRESS 2300 CORAL WAY SUITE 201
CITY-ST-ZIP MIAMI FL 33145

TITLE S ☐ DELETE
NAME CARTAYA, LIDIA
STREET ADDRESS 1717 N BAYSHORE DR, SUITE 114
CITY-ST-ZIP MIAMI FL 33132

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME Lidia Cartaya
2.3 STREET ADDRESS 1717 N. Bayshore Drive Suite 114
2.4 CITY-ST-ZIP Miami, FL, 33132

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 305 577-3885

CR2E034 (11/98)

0272239