

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 519248 (9)

1. Corporation Name

AMERICAN ADMINISTRATORS, INC.

Principal Place of Business

1637 N.W. 27TH AVE.
POB 440917
MIAMI FL 33125

Mailing Address

1637 N.W. 27TH AVE.
POB 440917
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/30/1976
3a. Date of Last Report 03/02/1994

4. FEI Number 59-1704593
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. 19A(2)? Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 5245 N. W. 36TH STREET

Suite, Apt. #, etc.

22 SUITE 200

City & State

23 MIAMI SPRINGS, FLORIDA

Zip

24 33166

Country

25 DADE

2a. Mailing Address

26 5245 N. W. 36TH STREET

Suite, Apt. #, etc.

27 SUITE 200

City & State

28 MIAMI SPRING, FLORIDA

Zip

29 33166

Country

30 DADE

9. Name and Address of Current Registered Agent

MICHEL, SUZANNE M.
1637 N.W. 27TH AVE.
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name CRISTINA IGLESIAS
82 Street Address (P.O. Box Number is Not Acceptable) 5245 N. W. 36TH STREET
83 SUITE 200
84 City MIAMI SPRINGS FL
85 Zip Code 33166

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 CRISTINA IGLESIAS

04/26/95

Signature of person or persons of registered agent and their agent(s)

Signature of Registered Agent (signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE CDT
NAME DUBREUIL, GEORGE
STREET ADDRESS 1637 NW 27TH AVE
CITY, ST, ZIP MIAMI, FL 00000

TITLE VPD
NAME DUBREUIL, JOAN
STREET ADDRESS 1637 NW 27TH AVE
CITY, ST, ZIP MIAMI, FL 00000

TITLE PCD
NAME DAY, JOHN B., JR
STREET ADDRESS 1637 NW 27TH AVE
CITY, ST, ZIP MIAMI FL

TITLE VPD
NAME DAY, CAROLYN S.
STREET ADDRESS 1637 NW 27TH AVE
CITY, ST, ZIP MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PCD ☒ Change ☐ Addition
12 NAME DUBREUIL, GEORGE
13 STREET ADDRESS 5245 N. W. 36TH STREET SUITE 200
14 CITY, ST, ZIP MIAMI SPRINGS, FL. 33166

21 TITLE VPD ☒ Change ☐ Addition
22 NAME DUBREUIL, JOAN
23 STREET ADDRESS 5245 N. W. 36TH STREET SUITE 200
24 CITY, ST, ZIP MIAMI SPRING, FL. 33166

31 TITLE ☒ Change ☐ Addition
32 NAME N/A
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE ☒ Change ☐ Addition
42 NAME N/A
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

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 130.07(1)(b), 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: George DuBreuil, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/95

305-888-2005

DATE

Telephone Number