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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 519248

(9)

1. Corporation Name

AMERICAN ADMINISTRATORS, INC.

Principal Place of Business

5245 NW 36TH ST
SUITE 200
MIAMI SPRINGS FL 33166
US

Mailing Address

5245 NW 36TH STREET
SUITE 200
MIAMI SPRINGS FL 33166-5955
US



3. Date Incorporated or Qualified

11/30/1976

3a. Date of Last Report

04/02/1996

2. Principal Place of Business

21 600 BILTMORE Way

Suite, Apt. #, etc.

22 #809

City & State

23 CORAL GABLES, FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 600 BILTMORE Way

Suite, Apt. #, etc.

27 #809

City & State

28 CORAL GABLES, FL

Zip

29 33134

Country

30 USA

4. FEI Number

59-1704593

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

METSCH, LARRY
19 W FLAGLER STREET SUITE 416
SUITE 200
MIAMI SPRINGS FL 33166

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

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME DUBREUIL, GEORGE
STREET ADDRESS 5245 NW 36TH STREET, SUITE 200
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE VPD ☐ DELETE

NAME DUBREUIL, JOAN
STREET ADDRESS 5245 NW 36TH STREET, SUITE 200
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PCD ☒ Change ☐ Addition

1.2 NAME DUBREUIL, GEORGE
1.3 STREET ADDRESS 600 BILTMORE Way #809
1.4 CITY-ST-ZIP CORAL GABLES, FL 33134

2.1 TITLE VPD ☒ Change ☐ Addition

2.2 NAME DUBREUIL, JOAN
2.3 STREET ADDRESS 600 BILTMORE Way #809
2.4 CITY-ST-ZIP CORAL GABLES, FL 33134

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 do 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.

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

1/9/97 305-446-4787
DATE Daytime Phone #

CR2E034 (9/96)