

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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 519248 (9)
1. Corporation Name
AMERICAN ADMINISTRATORS, INC.



Principal Place of Business 600 BILTMORE WAY 809 CORAL GABLES FL 33134 US	Mailing Address 600 BILTMORE WAY 809 CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5245 N.W. 36TH STREET Suite, Apt. #, etc. 22 SUITE # 205 City & State 23 MIAMI SPRINGS, FLORIDA Zip Country 24 33166 25 U.S.A.		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 SAME City & State 28 SAME Zip Country 29 33166 30 U.S.A.		3. Date Incorporated or Qualified 11/30/1976	
		4. FEI Number 59-1704593		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	METSCH, LARRY
82 Street Address (P.O. Box Number is Not Acceptable)	19 W. FLAGLER STREET, SUITE 416
83	MIAMI, FLORIDA 33130-4488
84 City	MIAMI
85 Zip Code	FL 33130

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	PCD
NAME	DUBREUIL, GEORGE	1.2 NAME	DUBREUIL, GEORGE
STREET ADDRESS	600 BILTMORE WAY #809	1.3 STREET ADDRESS	5245 N.W. 36TH STREET, SUITE 205
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	MIAMI SPRINGS, FLORIDA 33166
TITLE	VPD	2.1 TITLE	VPD
NAME	DUBREUIL, JOAN	2.2 NAME	DUBREUIL, JOAN
STREET ADDRESS	600 BILTMORE WAY #809	2.3 STREET ADDRESS	5245 N.W. 36TH STREET, SUITE 205
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	MIAMI SPRINGS, FLORIDA 33166
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____ 1-6-98 884-2999

CR2E034 (10/97)