

DOCUMENT # 523232

1. Entity Name

AMERICAS INTERNATIONAL TRADE AND INVESTMENT CORP

Principal Place of Business

Mailing Address

1110 BRICKELL AVENUE, SUITE #512

1110 BRICKELL AVENUE, SUITE #512

803

803

MIAMI FL 33131

MIAMI FL 33131-3136

US

US

2. Principal Place of Business

3. Mailing Address

801 Brickell Bay Drive

801 Brickell Bay Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

861

861

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

33131

USA

6. Name and Address of Current Registered Agent

AGUIRRE, NICOLAS

110 BRICKELL AVE

803

MIAMI FL 33131

Name

Street Address (Firm or Individual)

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

12.

<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div>PD</div> <div>AGUIRRE, NICOLAS</div> <div>1420 S BAYSHORE DR</div> <div>MIAMI FL</div>	<div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>		<div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	
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<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>		<div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, Chapter 607, which provides that a corporation or other entity is exempt from the filing of this report if the corporation or other entity is a subsidiary of a corporation or other entity which is a member of a group of corporations or other entities which are all exempt from the filing of this report.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. FEI Number	59-1778731	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)
		DATE

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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[illegible]

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE _____ ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 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 #

CR2E034 (9/99)