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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 613063

AMERICAN MISO COMPANY

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

03-03-1999 90035 013 ***158.75



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Principal Place of Business Mailing Address								
1225 MAPLE CR MAPLE CREEK (RUTHERFORDTO	RD.	92 MCINTOSH RD. ASHEVILLE NC 28806			DO NOT WRITE IN THIS SPACE			
IS	N 190 20103				3. Date Incorporated or Qualifed 03/15/1979			
	ace of Business	2a. Mailing Address			4. FEI Number		\Box	Applied For
1 4225	5 Maple Creek Rd	26		30_1000100		Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
3 Rut	herfordton NC	Zip Country			Trust Fund Contribution 8. This corporation owes the curr			ted to Fees
₄ <i>"a</i> 813		29 30	7	,	Personal Property Tax.			
4 00-	9. Name and Address of Current	<u> </u>	<u>''</u>		10. Name and Address of New F	Registered	Agent	
	. Name and Address of Garrent	regione	8	1 Name				
LEVY, BENJAMIN D.								
	SW 86TH ST, #D-404		8	2 Street Add	ress (P.O. Box Number is Not Accepta	adie)		
MIAMI FL 33143			8	3				
			8	4 City			85 2	Zip Code
	to the provisions of Sections 607.0502					<u>FL</u>		
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Flonds	a Statute	95.				
40	Signature, typed or printed name of registered agent		gistered Ag	gent signature require	ed when reinstatung) ADDITIONS/CHANGES TO OF	DATE FICERS AN	ND DIRE	CTORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE	·	Abbitions, and a second		Char	
TITLE		₩ DECE!E	1.2 NAMI					_
NAME	EVANS, BARRY E		i .	ET ADDRESS	en e			
STREET ADDRESS	92 MCINTOSH RD.		1.4 CITY					
CITY-ST-ZIP	ASHEVILLE NC 28806	☐ DELETE	2.1 TITLE				Char	nge Addition
TITLE	VP		2.1 NAMI				_	
NAME	GONZALES, GREGORY A			ET ADDRESS				
STREET ADDRESS	,							
CITY-ST-ZiP	RUTHERFORDTON NC 28139	☐ DELETE	3.1 TITLE	'-ST-ZIP			Char	nge 🔲 Addition
TITLE	S MONTO MEDY MONTA		3.2 NAM		-			
NAME	MONTGOMERY, MONTA	•	ı					
STREET ADDRESS;) • • · · · · · · · · · · · · · · · · ·	;	1	ET ADDRESS				
CITY-ST-ZIP	ASHEVILLE NC 28806	☐ DELETE	3.4. CITY 4.1 TITLE				☐ Char	nge Addition
TITLE		ب محدد ال	4.1 III.					· –
NAME								
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITU				☐ Chai	nge
TITLE		ب محدداد	5.1 IIILI	I				J
NAME			E .	EET AODRESS				
STREET ADDRESS			5.4 CITY					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		<i>ya</i>		☐ Chai	nge Addition
TITLE			62 NAM					a
NAME				-				
STREET ADDRESS			Į.	EET ADDRESS				
CITY-ST-ZIP			64 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:

OFFICER OR DIRECTOR