FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **663422** **(4)**

1. Corporation Name

AMERICAN VENTURES CORPORATION

Principal Place of Business

255 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES FL 33134
US

Mailing Address

255 ALHAMBRA CIRCLE
SUITE 1100
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified **12/31/1979**

3a. Date of Last Report **04/27/1995**

4. FEI Number **59-1974439** [ ] 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. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

ARCIA, AGNES
255 ALHAMBRA CIRCLE S-1100
CORAL GABLES FL 33134

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 Section 607.0502 and 607.1504, 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 DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DP** **BLUMBERG, PHILIP F.** **255 ALHAMBRA CIRCLE S#1100** **CORAL GABLES FL**	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DV** **BLUMBERG, DAVID** **255 ALHAMBRA CIRCLE S#1100** **CORAL GABLES FL**	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**TS** **BLUMBERG, PHILIP F/** **255 ALHAMBRA CIRCLE S#1100** **CORAL GABLES FL**	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP		[ ] Change [ ] Addition
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP		[ ] Change [ ] Addition
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP		[ ] Change [ ] Addition
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP		[ ] Change [ ] Addition
5 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP		[ ] Change [ ] Addition
6 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP		[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing 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 above, if changed, or on an attachment with an address.

SIGNATURE: **Philip F. Blumberg, D,P,T,S** **4/22/96** **(305) 569-9500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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