

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000003934 (6)**

1. Corporation Name

THE AMERICAS GROWTH FUND, INC.



Principal Place of Business

**701 BRICKELL AVENUE, STE 200
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVENUE, STE 200
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/27/1994

3a. Date of Last Report

07/07/1995

4. FEI Number

65-0504786

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

10. Name and Address of New Registered Agent

**SOKOLOW, LEONARD J
701 BRICKELL AVENUE, STE 200
MIAMI FL 33131**

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 of Registered Agent or authorized officer of the corporation)

(Signature of Registered Agent or authorized officer of the corporation)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	NAME	PCDT	☐ DELETE
1.2	STREET ADDRESS	SOKOLOW, LEONARD J 701 BRICKELL AVENUE, STE 200 MIAMI FL	
1.3	CITY-STATE-ZIP	S	☐ DELETE
2.1	NAME	VILLAMIL, J A	☐ DELETE
2.2	STREET ADDRESS	701 BRICKELL AVENUE, STE 200 MIAMI FL	
2.3	CITY-STATE-ZIP	D	☐ DELETE
3.1	NAME	COHEN, SANFORD	☐ DELETE
3.2	STREET ADDRESS	8201 JACQUE DRIVE PRESCOTT VALLEY AZ	
3.3	CITY-STATE-ZIP	D	☐ DELETE
4.1	NAME	ENGELMANN, MARTIN	☐ DELETE
4.2	STREET ADDRESS	6359 JACK RABBITT LANE MIAMI FL	
4.3	CITY-STATE-ZIP	D	☐ DELETE
5.1	NAME	WINTER, NEIL	☐ DELETE
5.2	STREET ADDRESS	5299 DTC BLVD., SUITE 300 ENGLEWOOD CO	
5.3	CITY-STATE-ZIP		☐ DELETE
6.1	NAME		☐ DELETE
6.2	STREET ADDRESS		
6.3	CITY-STATE-ZIP		

1.1	TITLE	☐ Change ☐ Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY-STATE-ZIP	
2.1	TITLE	☐ Change ☐ Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY-STATE-ZIP	
3.1	TITLE	☐ Change ☐ Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-STATE-ZIP	
4.1	TITLE	☐ Change ☐ Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY-STATE-ZIP	
5.1	TITLE	☐ Change ☐ Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY-STATE-ZIP	
6.1	TITLE	☐ Change ☐ Addition
6.2	NAME	
6.3	STREET ADDRESS	
6.4	CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 305374 0202

CR2E034 (12/95)