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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33131-2813

3. Date Incorporated or Qualified
07/27/1994

3a. Date of Last Report
02/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

g. Name and Address of Current Registered Agent

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

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 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 registered agent for P.O. box

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCDT ☐ DELETE

NAME SOKOLOW, LEONARD J
STREET ADDRESS 701 BRICKELL AVENUE, STE 200
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE

NAME VILLAMIL, J A
STREET ADDRESS 701 BRICKELL AVENUE, STE 200
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME COHEN, SANFORD
STREET ADDRESS 8201 JACQUE DRIVE
CITY-ST-ZIP PRESCOTT VALLEY AZ

TITLE D ☐ DELETE

NAME ENGELMANN, MARTIN
STREET ADDRESS 6359 JACK RABBITT LANE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME WINTER, NEIL
STREET ADDRESS 5299 DTC BLVD., SUITE 300
CITY-ST-ZIP ENGLEWOOD CO

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0172346

CR2E034 (9/96)