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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400003934 (6)

THE AMERICAS GROWTH FUND, INC.

Principal Place of Business Mailing Address

## **FILED** Jan 29 1998 8:00am Secretary of State



MIAMI FL 33131		MIAMI FL 33131				
		MID-WILL COSTO	MIZAWII I E GOTO!		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	·
					07/27/1994	
2. Principal F	Place of Business	2a. Mailing Address	. Mailing Address		4. FEI Number	Applied For
21		26	26		65-0504786	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27	7		5. Certificate of Status Desired	Fee Required
City & Stal	te	City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28	3		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Zip Cou		8. This corporation owes or has paid the	current year intangible
24	25	29	30		Personal Property Tax due June 30.  Yes No	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
SOKOLOW, LEONARD J				B1 Name		
70 <sup>-</sup>	1 BRICKELL AVENUE, STE 200		}-	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33131				oli coi rida.	read (1.10. Box Marrison is Not Acceptable)	
			Ţ.	33	****	·
			Į.			
			['	34 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statu	utes, the ab	ove-named corp		
office or r	registered agent, or both, in the State	of Florida. Such change was	authorized	by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
	and accept the cong	alloris or, decilori oor (0000, 1	ionua Siail	165.		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NC	TE. Registered	Agent signature requir	red when reinstating) DATE	
12.	The state of the s				ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PCDT	☐ DELETE	1.1 TITL	E		☐ Change ☐ Addition
NAME	SOKOLOW, LEONARD J		1.2 NAA	Æ		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP	MIAMI FL			'-ST-ZIP		
TITLE	S	<b>⋈</b> DELETE	2.1 TITL			Change Addition
NAME	WE AME, J.A.		2,2 NAM		and the second second	
STREET ADDRESS				EET ADDRESS		+
CITY-ST-ZIP	Market 1	200		(-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITL			Change Addition
NAME	COHEN, SANFORD		3.2 NAM	-		C Oreside C vention
STREET ADDRESS	8201 JACQUE DRIVE			ET ADDRESS		
CITY-ST-ZIP	PRESCOTT VALLEY AZ					
TITLE	D D	DELETE	3.4. CIT 4.1 TITL	'-ST-ZIP		Change Addition
NAME	ENGELMANN, MARTIN		4.7 ITIL			The custoff of the control of the co
STREET ADDRESS	6359 JACK RABBITT LANE					
	MIAMI FL			ET ADDRESS		
CITY-ST-ZIP TITLE	D MIAMI PL	DELETE		-ST-21P		D 01
	<del>-</del>	₹ DETEVE	5.1 TITU			☐ Change ☐ Addition
NAME	WINTER, NEIL		5.2 NAM	1		
STREET ADDRESS	5299 DTC BLVD., SUITE 300			ET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO		5.4 CITY			
TITLE		DELETE	6.1 TITLE	: ]		☐ Change ☐ Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CiTY - ST - ZIP			6.4 CITY	. ST_ 7IP		j

14. I hereby certify that the information supplied with this filling 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.