


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

FILED
Jul 01 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 # F96000000521 (2)

1. Corporation Name
THE AMERICAS GROUP OF MIAMI, INC.



Principal Place of Business ONE ALHAMBRA PLAZA, #620 CORAL GABLES FL 33143	Mailing Address ONE ALHAMBRA PLAZA, #620 CORAL GABLES FL 33134-5220
--	---

2. Principal Place of Business 21 2665 S. BAYSHORE DR Suite, Apt. #, etc. 22 1006 City & State 23 MIAMI FL Zip 24 33133	2a. Mailing Address 25 2665 S. BAYSHORE DR Suite, Apt. #, etc. 27 1006 City & State 28 MIAMI FL Zip 29 33133 Country 30 USA
--	---

3. Date Incorporated or Qualified 01/31/1996	3a. Date of Last Report
4. FEI Number 65-0642582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name HOWARD M GLICKEN 82 Street Address (P.O. Box Number is Not Acceptable) 2665 S BAYSHORE DR. #1006 83 84 City MIAMI FL 85 Zip Code 33133
--	--

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 Howard Glicken 6/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSDC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres. / CHAIRMAN / SECT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLICKEN, HOWARD M	1.2 NAME	GLICKEN HOWARD M
STREET ADDRESS	ONE ALHAMBRA PLAZA, #620	1.3 STREET ADDRESS	2665 S BAYSHORE DR 1006
CITY-ST-ZIP	CORAL GABLES FL 33143	1.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Pres. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	CHARLES DUSSENA
STREET ADDRESS		2.3 STREET ADDRESS	2665 S BAYSHORE DR 1006
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE Howard Glicken 6/25/97

CR2E034 (9/96)