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 # **G22443** **(7)**

1. Corporation Name

AMERICAN-INTERNATIONAL IMMIGRATION AGENCY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 430964 SOUTH MIAMI FL 33243	P.O. BOX 430964 SOUTH MIAMI FL 33243

3. Date Incorporated or Qualified: **01/20/1983**
3a. Date of Last Report: **05/19/1995**
4. FEI Number: **59-2260166** ☐ Applied For ☐ Not Applicable

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 ___

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

9. **Name and Address of Current Registered Agent**

FREEMAN, PAUL H.
9100 S. DADELAND BLVD. STE 1406
MIAMI FL 33156

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	**PST**	☐ DELETE
NAME	**UGENT, AVERY**	
STREET ADDRESS	**881 OCEAN DR. #23A**	
CITY-ST-ZIP	**KEY BISCAYNE FL**	
TITLE	**D**	☐ DELETE
NAME	**UGENT, AVERY**	
STREET ADDRESS	**881 OCEAN DRIVE #23A**	
CITY-ST-ZIP	**KEY BISCAYNE FL**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	☒ Change ☐ Addition
1.2 NAME	UGENT, AVERY	
1.3 STREET ADDRESS	P.O. Box 430964	
1.4 CITY-ST-ZIP	South Miami, FL 33243 "N/A"	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	UGENT, AVERY	
2.3 STREET ADDRESS	P.O. Box 430964	
2.4 CITY-ST-ZIP	South Miami, FL 33243 "N/A"	
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		

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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 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: Avery A. Ugent 04-26-96 (305)665-3868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Avery A. Ugent