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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

AMERITRUST SECURITIES, INC.  Principal Picc of Business  Mailing Address  S91 RED ROAD SUITE 202 C/O CECKY SIBERIAM CONU. CARRES 1 3011  3. Date incorporated or Custries  2. Principal Pace of Husiness 2. Principal Pa	DOCUN 1. Corporation	MENT # <b>G29</b> 4	403 (4)			
Serior ROAD SUITE 202 COP COCINY SLEPRIMAN CORAL GREES FT. 33143  2. Pincago Pace of P			c.			
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COCCELLY SILBERMAN CORAL GABLES FL 33143  2. Principal Place of Business  2. Making Address  Suite, April 8, etc.  Suite, April 8, e	Principal Place	of Business	Mailing Address		I INDIANA BENE ANDRO ROMA DEDAK DOLADO CAM CHICA	/(B)1
2. Principal Place of Business 2. A policy in a part of the provide of the principal place of Business 2. Such April, etc. 3. Such April, etc.						
2. Principle Patient of Restiness   2. Maling Address   3.	CORAL GABL	ES FL 33143	CORAL GABLES FL	33143		
28   Suno Api, II, citic   Sulph Api, II, citic   27   Sulph Api, II, citic   27   Sulph Api, III, citic   28   Sulph Api, III, citic   28   Sulph Api, III, citic   28   Sulph Api, III, citic   38   Sulph Api, III, ci	2. Principal Pla	ce of Business	2a. Mailing Address			<del></del>
27	21				59-2260443	Not Applicable
Coy & State  City & State  Country  Zip  Namin  Zip  Address of New Registered Agent  Namin  Street Address (P.O. Box Number is Nut Acceptable)  Street Address (P.O. Box Number is Nu					5. Certificate of Status Desired	
28					6. Election Campaign Financing	
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  82. Street Address (P.O. Box Number is Not Acceptable)  83. Street Address (P.O. Box Number is Not Acceptable)  84. Only  85. Street Address (P.O. Box Number is Not Acceptable)  86. Street Address (P.O. Box Number is Not Acceptable)  87. Street Address (P.O. Box Number is Not Acceptable)  88. Street Address (P.O. Box Number is Not Acceptable)  88. Street Address (P.O. Box Number is Not Acceptable)  89. Street Address (P.O. Box Number is Not Acceptable)	23				· · · · · · · ·	
SILBERMAN, CECILY 8015 RED ROAD, SUITE 202 CORAL GABLES FL 33143  84 Only FL 85 Zip Code  11. Pursuant to the provisions of Sinctions 607 /0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered difference or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of Scotton 607 /0509. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered difference or registered agent, or both, in the State of Florida State, change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, 1 am of accept the obligations of Scotton 607 /0509. Florida State is the above named corporation submits this statement for the purpose of changing its registered difference or registered agent, 2 to both, in the State of Florida State is the above named corporation submits this statement for the purpose of changing its registered difference or registered agent, 2 to both, in the State of Florida State is the above named corporation submits this statement for the purpose of changing its registered difference or registered agent, 2 to both, in the State of Florida State is the above named corporation submits this statement for the purpose of changing its registered difference or registered agent, 2 to both in the state of the purpose of changing its registered difference or registered agent. 2 to both in the state of the purpose of changing its registered difference or registered agent. 2 to both in the purpose of difference is the purpose of difference in the purpose of difference is the purpose of difference in the purpose of difference is the purpose of difference in the purpose of difference is the purpose of difference in the purpose of difference is the purpose of difference is the purpose of difference in the purpose	24]	<b>├</b> ── '	····	<b>├</b> ── ′		tax under s 199.032,
SILBERMAN, CECILY 8915 RED ROAD, SUTTE 202 CORAL GABLES FL 33143		9. Name and Address of Cur	. 11	1401		Agent
8915 RED ROAD, SUITE 202 CORAL GABLES FL 33143  84				81 Name		
CORAL GABLES FL 33143    68   64   City   FL   85   Zip Code	8915 RED ROAD, SUITE 202			82 Street Add	oddress (P.O. Box Number is Not Acceptable)	
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 formats with and accept the obligations of yellocino 607.6505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office formats with and accept the obligations of yellocino 607.6505, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am reference agent and the it applicable.    Signature				63		
The 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 agent, or both, in the State of Florida. Such change was earthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. Third Directors are required agent, and a control agent agent. I am a director in a control agent a	CONAL	SADLES FE 33143		24		
SIGNATURE Springer with e obligations of, Section 607,056, Florida Statutes.  SIGNATURE Springer of the obligations of, Section 607,056, Florida Statutes.  SIGNATURE Springer of the obligations of, Section 607,056, Florida Statutes.  Signature speed or period name of neglecial agent are the explosible.  Springer of the obligations of, Section 607,056, Florida Statutes.  Signature speed or period name of neglecial agent are the explosible.  Signature speed or period name of neglecial agent are the explosible.  SIREER ADDRESS SIREER ADDRESS CHY-SI-ZP THE SIREER ADDRESS CHY-SI-ZP SIREER ADDRESS SIREE				1.1		_ [ ]
SIGNATURE   Sign	Ur registere	io agent, or both, in the State of F	ilonga. Such change was author	nzed by the corporation's bo.	oration submits this statement for the purpose of chard of directors. Thereby accept the appointment a	nanging its registered office s registered agent. I am
Signature byted or printed name or mysicured approach approach approaches (approaches)   Signature (approaches)   Signa	tamılıar witr	n, and accept the obligations of, S	Section 607.0505, Florida Statute	es.	, , , , , , , , , , , , , , , , , , , ,	o regional agentin cann
THE		signature, typed or printed name of registered a	agent and title if applicable (I	NOTE: Registered Agent signature requir	red when reinstating! DATE	
NAME   SIBERMAN, CECILY   12 NAME   13 STREET ADDRESS   15 RED ROAD   13 STREET ADDRESS   14 COTY - ST - 27P		• • • • • • • • • • • • • • • • • • • •				
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STREET ADDRESS 6.3 STREET ADDRESS			DELETE	6. 1 TITLE		Change Addition
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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	14, I do hereby	certify that the information supplies	ed with this filing is voluntarily for	6.4 CitY - ST-ZIP	for the exemption stated in Section 119 07/20/A Fi	orida Statutos I further

cerury 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:

305 665-9,29 Dayting France #