

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

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Apr 18 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G39342 (2)**  
 1. Corporation Name  
**AMERICAN-ATLANTIC CONSTRUCTION, INC.**



Principal Place of Business <b>300 SW 12TH AVENUE SUITE A MIAMI FL 33130 US</b>	Mailing Address <b>300 SE. 12TH AVENUE SUITE A MIAMI FL 33130-2002 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>05/03/1983</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>59-2325681</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>DIAZ, GUARIONE M. 300 SW 12 AVENUE THIRD FLOOR MIAMI FL 33130</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>BECKER, ALINA E.</b>
STREET ADDRESS	<b>300 SW 12TH AVE/3RD FLR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	VPD <input type="checkbox"/> DELETE
NAME	<b>PAZOS, ANDRES</b>
STREET ADDRESS	<b>300 SW 12TH AVE/3RD FLR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>GALNARES, BENIGNO</b>
STREET ADDRESS	<b>3700 WEST 12TH AVENUE</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>DIAZ, GUARIONE M.</b>
STREET ADDRESS	<b>300 SW 12TH AVE/3RD FLR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>FABREGAS, JOSE</b>
STREET ADDRESS	<b>300 S.W. 12TH AVE., #A</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE: *Andres Pazos* 04/11/97 (305) 642-1381  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)