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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J24473

1. Corporation Name
AMERICAN LAND MANAGEMENT GROUP, INC.

Principal Place of Business
115 NW 167TH STREET
STE 300
N MIAMI BCH FL 33169
US

Mailing Address
115 NW 167TH ST
STE 300
N MIAMI BCH FL 33169
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1986

4. FEI Number

59-2749966

Applied For
Not Applicable

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 owes the current year Intangible
Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FHS CORPORATE SERVICES
THREE GOLDEN BEAR PLAZA
11780 US HWY ONE
N PALM BCH FL 33408

81 Name
Saby Behar

82 Street Address (P.O. Box Number is Not Acceptable)
115 NW 167 Street; Suite 300

83

84 City
North Miami Beach

FL

85 Zip Code
33169

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

Saby Behar

2/15/99

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 DP DELETE
NAME KASSIN, ROBERTO
STREET ADDRESS 115 NW 167TH ST STE 300
CITY-ST-ZIP N MIAMI BCH FL 33169

1.1 TITLE D, VP, T Change Addition
1.2 NAME Roberto Kassin
1.3 STREET ADDRESS 115 NW 167 Street, Suite 300
1.4 CITY-ST-ZIP N. Miami Beach, FL 33169

TITLE DVS DELETE
NAME BEHAR, SABY
STREET ADDRESS 115 NW 167TH ST STE 300
CITY-ST-ZIP N MIAMI BCH FL 33169

2.1 TITLE D, P, S Change Addition
2.2 NAME Saby Behar
2.3 STREET ADDRESS 115 NW 167 Street, Suite 300
2.4 CITY-ST-ZIP N. Miami Beach, FL 33169

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Saby Behar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Saby Behar

2/15/99

Date

305-654-1500

Daytime Phone #

CR2E034 (11/98)