FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:25

DOCUMENT # **J26854** **(6)**

1. Corporation Name
AMERICAN ANGEL CORPORATION

Principal Place of Business	Mailing Address
2625 N. W. 20TH STREET MIAMI FL 33142 US	2625 N. W. 20TH STREET MIAMI FL 33142 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1986
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business	2a. Mailing Address
21 2621 N.W. 20TH ST	26 2621 N.W. 20TH ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami Florida	28 City & State: Miami Florida
24 Zip: 33142 25 Country: USA	29 Zip: 33142 30 Country: USA

4. FEI Number: 59-2737314 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EMORY, HOWARD B., ESQ. ONE DATRAN CENTER, SUITE 910 9100 S. DADELAND BOULEVARD MAIMI FL 33156	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 Section(s) 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	TITLE	M ☐ Change ☒ Addition
NAME	AMPARO, ANGEL	NAME	Patricia Nachtigall
STREET ADDRESS	2506 NW 20 STREET	STREET ADDRESS	2621 NW 20 ST
CITY ST ZIP	MIAMI FL	CITY ST ZIP	Miami florida 33142
TITLE	VP	TITLE	PSD ☒ Change ☐ Addition
NAME	NACHTIGALL, ANDREA	NAME	Amparo Angel
STREET ADDRESS	2605 NW 20 STREET	STREET ADDRESS	2621 N.W 20 ST
CITY ST ZIP	MIAMI FL	CITY ST ZIP	Miami florida 33142
TITLE	T	TITLE	VP ☒ Change ☐ Addition
NAME	AMPARO, ANGEL	NAME	Andrea Nachtigall
STREET ADDRESS	2605 NW 20 STREET	STREET ADDRESS	2621 NW 20 ST
CITY ST ZIP	MIAMI FL	CITY ST ZIP	Miami florida 33142
TITLE		TITLE	T ☒ Change ☐ Addition
NAME		NAME	Amparo Angel
STREET ADDRESS		STREET ADDRESS	2621 NW 20 ST
CITY ST ZIP		CITY ST ZIP	Miami florida 33142
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I declare I certify that the information supplied with this report is true, complete, and correct. I qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: Amparo Angel 1/12/95 (305)6335905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — President — Date — Daytime Phone #

0193004 CP