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FILED  
Mar 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J81913 (2)

1. Corporation Name  
AMERICE, INC.

Principal Place of Business  
915 MIDDLE RIVER DR. #506  
FT. LAUDERDALE FL 33304-3500

Mailing Address  
915 MIDDLE RIVER DR. #506  
FT. LAUDERDALE FL 33304-3500



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

MORATIS, GEORGE R., ESQ.  
915 MIDDLE RIVER DR. #506  
FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified  
07/02/1987

3a. Date of Last Report  
03/20/1996

4. FEI Number  
59-2827760

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

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

Signature of the person named as registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OTOYA, ALBERTO JOSE	
STREET ADDRESS	1800 S. OCEAN BLVD #1501	
CITY- ST- ZIP	POMPANO BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	OTOYA, BLANCA	
STREET ADDRESS	1800 S. OCEAN BLVD #1501	
CITY- ST- ZIP	POMPANO BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	OTOYA, EDURADO	
STREET ADDRESS	1800 S. OCEAN BLVD. #1501	
CITY- ST- ZIP	POMPANO BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	OTOYA, RICARD	
STREET ADDRESS	1800 S. OCEAN BLVD #1501	
CITY- ST- ZIP	POMPANO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OTOYA, MARIA CECILIA	
STREET ADDRESS	1800 S. OCEAN BLVD, 1501	
CITY- ST- ZIP	POMPANO BEACH FL	
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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Blanco de Ojeda  
Blanco de Ojeda

3-17-97

Date

954-563-4163

Daytime Phone

0280284

CR2E034 (9/96)