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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS -

**DOCUMENT # K24595** 

(6)

AMERICAN INVESTMENTS ASSOCIATES, INC.

Principat Plac	e of Business	Mailing Address	Mailing Address		f tabrifilt bid liftif dradt dista tuner antit drait anure andet dient geget anti- tabe.				
4699 S.W. 72ND AVE MIAMI FL 33155		4699 S.W. 72ND AVE MIAMI FL 33155-4540							
					3. Date Incorporated or Qualified 05/20/1988	3a. Date of 02/19/19			
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number 65-0052798	Applied For Not Applicable			
Suite. Apt #, etc		Suite, Apt. #, etc. 27			5. Certificate of Status Desired		.75 Additional ee Required		
City & State 23		City & State		Election Campaign Financing     Trust Fund Contribution		5.00 May Be added to Fees			
Zip <b>24</b>	Country 25	7ip <b>29</b>	Country 30			8. This corporation has liability for intengible tax under s. 199 032, Florida Statutes Yes No			
	9. Name and Address of Curi	rent Registered Agent		***************************************	10. Name and Address of New Re-	gistered Agent	1		
SUSSMAN, LEONARD, P.A.				Name					
4699 S.W. 72ND AVE MIAMI FL 33155			82	Stroot A	ress (P.O. Box Number is Not Acceptable)				
			02	Olloot					
			83		***************************************				
\					······································		L - A - A - A		
			84	City		FL 85	Zip Code		
11. Pursuant office or agent 1 a	registered agent, or both, in the Sta im familiar with, and accept the ob	ate of Florida Such change was a ligations of, Section 607.0505, Flo	es, the above authorized by rida Statute	e-named o the corpo	orporation submits this statement for the poration's board of directors. I hereby accept	ot the appointme	ging its registered ent as registered		
				ent signature re	equired when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS 13.		<del></del>	ADDITIONS/CHANGES TO OFFIC	701701100000000000000000000000000000000	hange Addition		
TITLE	SUSSMAN, LEONARD	EONARD NO AVE				L., V	nange (		
NAME	4699 S.W. 72ND AVE								
STREET ADDRESS	MIAMI FL			ADDRESS					
DITY-ST Z-P	SD	· · · · · · · · · · · · · · · · · · ·		ST-ZIP		C	hange Addition		
1	SUSSMAN, MARILYN		2.1 TITLE	1		ال ليبا	range CO Material		
NAME OTHER ADDRESS	ACCO C M. TONO AVENUE		2.2 NAME	TREET ADDRESS					
STREET ADORESS	MAAN CI				<b>v.</b> ,				
CHY-ST ZIP	INDEXALL C	DELETE	2. 4 CITY - 3.1 TITLE	S1-ZIP		<u> </u>	hange Addition		
TILLE			3.) Hitt			L v	imingo TTI voquitori		

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 contribution 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 12 in langed, or on an appearance with an address.

3.3 STREET ADDRESS

3 4. CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY - ST-ZIP

6.3 STREET ADDRESS

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Mar 06 1997 8:00am

Secretary of State

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