

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # K43720 (7)**

1. Corporation Name  
**AMERICAN MEETINGS & CONVENTIONS, INC.**



Principal Place of Business: **5240 NW 163RD STREET MIAMI FL 33014**  
Mailing Address: **5240 NW 163RD STREET MIAMI FL 33014**

3. Date Incorporated or Qualified: **11/07/1988**  
3a. Date of Last Report: **04/25/1995**  
4. FEI Number: **65-0098293**  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24  
Country: 25  
City & State: 27  
City & State: 28  
Zip: 29  
Country: 30

**9. Name and Address of Current Registered Agent**

**NYBERGH, KARL  
5240 NW 163RD ST  
MIAMI FL 33014**

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when revalidating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LARKIN, ELLEN</b>	
STREET ADDRESS	<b>5240 NW 163RD ST</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	
TITLE	<b>TSD</b>	<input type="checkbox"/> DELETE
NAME	<b>NYBERGH, KARL</b>	
STREET ADDRESS	<b>5240 NW 163RD ST</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GARCIA, GUILLERMO</b>	
STREET ADDRESS	<b>3905 N.W. 31ST AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LARKIN, ELLEN</b>	
1.3 STREET ADDRESS	<b>5240 NW 163RD ST</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33014</b>	
2.1 TITLE	<b>PIT/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>NYBERGH, KARL</b>	
2.3 STREET ADDRESS	<b>5240 NW 163RD ST</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33014</b>	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

**SIGNATURE:** *Karl Nybergh* **4-2-96** **305-621-4181**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)