

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

**FILED**

**May 13 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 # K66475 (0)**

**1. Corporation Name  
AMERICAL INVESTMENT MANAGEMENT, INC.**



**Principal Place of Business**  
% KING, LEAVY, RABIN & LANCASTER, P.A.  
5975 SUNSET DR #301  
S. MIAMI FL 33143

**Mailing Address**  
% KING, LEAVY, RABIN & LANCASTER, P.A.  
5975 SUNSET DR #301  
S. MIAMI FL 33143-5198

**3. Date Incorporated or Qualified** 02/13/1989  
**3a. Date of Last Report** 04/09/1996

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>4. FEI Number</b>		Applied For	
21		26		59-2685693		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		<b>6. Election Campaign Financing Trust Fund Contribution</b>		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		30			
Zip		Country		Zip		Country	
24		25		29		30	
		33156		USA			

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

**KING, LEAVY, RABIN & LANCASTER, P.A.  
5975 SUNSET DR  
STE 301  
S. MIAMI FL 33143**

**10. Name and Address of New Registered Agent**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**85** Zip Code

**FL**

**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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>GROSS, IRWIN LLOYD</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>11700 SW 80TH AVENUE</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>MIAMI FL</b>	<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

**800002189198**  
**-05/23/97--01005--026**  
**\*\*\*165.00**

**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:** *Irwin Gross* **SIGNATURE REQUIRED** *Irwin Gross - Pres 4/28/97 305-591-0090*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)