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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

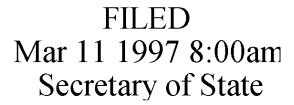
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K89019

(9)

AHE FINANCIAL GROUP, INC.



Daytime Phone

Principal Place of 18441 NW 2 AVE SUITE (SP) MIAMI FL 33169 US	*Business	Mailing Address 18441 NW 2 AVE #112 MIAMI FL 33169-4517 US	18441 NW 2 AVE #112 Miami Fl 33169-4517		3. Date Incorporated or Qualified 3a. Date of Last Report			
O TO THE STATE OF					05/17/1989 4. FEI Number		03/15/1996	
2. Principal Place of Business 1 1844 NW 2 AVE		28. Mailing Address 26 1844 NWZ AVE			65-0119996			Applied For Not Applicable
Suite, Apl. #, e		Suite, Apt. #, etc.		7,00			60 7	5 Additional
2 #361		27 360			Certificate of Statu	s Desired	1 4	Required
City & Stalle 23 MIAn	ni FL	City & State 28 M(Am i	FL		6. Election Campalgr Trust Fund Contrib	-	,	O May Be od to Fees
- ^{2p} タス	1/9 Country	Zip 21/ 0	Cour	try	8. This corporation h		* *	r s. 199.032,
24) 21	6 / ₂₅	29 <i>93/69</i> 3	0		Florida Statutes		Yes No	
	9. Name and Address of Currer	t Hegistered Agent ./		1 Name	10. Name and Addre	IS OF NEW HED	istered Agent	
EVERETT, ALICE H. 18440 NW 2 AVE STE #112			_		dress (P.O. Box Number is	Not Acceptable	e)	
MIAMI FL 33169			L	33 Su	UTE 360)		
				City			FL 85 Z	p Code
office or reginate to the office or reginate to the agent. I amy	it, provisions of Sections 607,050 stered agent, or both, in the grate amiliar with and accept the big oracognetic principles of regioned ag-	gue wa			ation's board of directors. I	hereby accept	JATE	as registered 2
12.	OFFICERS AN		13.		ADDITIONS/CHANG	ES TO OFFICE		
	d Everett, alice H.	DELETE	1.1 1111	·			Chang	e Addition
	evene II, ALICE II. 18441 NW 2 AVE #112		1.2 NAM		SUITE 36	D		
	MIAMI FL			EET ADORESS (-ST-ZIP	Julia 34			
THUE	THE WILL I C	☐ DELETE	2.1 TITL				☐ Chang	e Addition
NAME		_	2.2 NA					
STREET ADDRESS			2.3 STR	EET ADDRESS				
City - St - ZiP			2. 4 CIT	Y-ST-ZIP				
Tille	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	3.1 TITL	E			Chang	e Addition
NAME			3.2 NA	AE .				
STREET ADDRESS			3.3 STR	EET ADDRESS				
CHY-S1-ZIP				Y-ST-21P				
THLE		☐ DELETE	4.1 TITL				L Chang	e L. Addition
NAMe			4. 2 NA	l				
STREET ADDRESS				EET ADDRESS				
CITY-S1-ZIP TITLE	The second secon	☐ DELETE	5.1 THE	/-ST-ZIP			Chang	e Addition
NASE:		tum PECETE	5.2 NAM				C Straing	P
STREET ADORESS				EET ADDRESS				
CITY- ST-ZIP				f-\$T-ZIP				
DILE		☐ DELETE	6 1 TITL		71 *****		Chang	e Addition
NAME			6.2 NA	AE			_	
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY: S1 - Zi-				(-ST-2iP				
14. I do hereby of information in Lam an office	certify that the information Luppile indicated on this inhual report or s er or director of the corporation or	d with this flying does not qualify supplemental annual periori is tru the receiper or trustee empower	for the e e and ac red to ex	xemption stat curate and the ecute this rep	ed in Section 119.07(3)(i), i at my signature shall have ort as required by Chapter	lorida Statutes ihe same legal 607, Florida St	. I further certify the effect as if made atutes; and that m	nat the under oath; that ly name