

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L27184** (5)

1. Corporation Name

**AMERICAN INFORMATION SERVICES, INC.**



Principal Place of Business

Mailing Address

% ALINA CEPERO  
801 BRICKELL AVE., 24TH FLOOR  
MIAMI FL 33131-2900

% ALINA CEPERO  
801 BRICKELL AVE., 24TH FLOOR  
MIAMI FL 33131-2900

3. Date Incorporated or Qualified

11/02/1989

3a. Date of Last Report

02/08/1995

2. Principal Place of Business

2a. Mailing Address

21 1 SE 3rd Avenue

26 1 SE 3rd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 27th Floor

27 27th Floor

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33131

25

29 33131

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CEPERO, ALINA  
801 BRICKELL AVE  
24TH FLOOR  
MIAMI FL 33131

81 Name

Christopher Nelson

82 Street Address (P.O. Box Number is Not Acceptable)

1 SE 3rd Avenue

83

27th Floor

84 City

Miami

FL

85

Zip Code 33131

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

*Christopher Nelson*

CHRISTOPHER NELSON

4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	CEPERO, ALINA	
STREET ADDRESS	801 BRICKELL AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MCDANIEL, CYNTHIA A	
STREET ADDRESS	801 BRICKELL AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	DPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Christopher M. Nelson	
3. STREET ADDRESS	1 SE 3rd Avenue, 27th Floor	
4. CITY - ST - ZIP	Miami, FL 33131	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

100001829751

-05/20/96--01054--058

\*\*\*200.00

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 on an attachment with an address.

SIGNATURE:

*Christopher Nelson*  
CHRISTOPHER M. NELSON

4/22/96 (305) 374-5600

CR2E034 (12/95)