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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

SIGNATURE:

14. I do hereby certify that the information peoplinformation indicated on this arrund report.

I am an officer or director of the constration appears in Block 12 or Block 13 changes.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L44993

(8)

AMERIT	rrail, inc.					
Principal Place of Business Mailing Address				11		IN BIRN DIĞU BIRN ANNI BARA DIRN INDI
C/O FLEMING, HAILE & SHAW, P.A. 85 NW 168TH ST NORTH MIAMI BCH FL 33169		C/O FLEMING. HAILE & SHAW. P.A. 65 NW 168TH ST NORTH MIAMI BCH FL 33169-6027				
	. •				Date Incorporated or Qualified 01/19/1990	3a. Date of Last Report 05/01/1996
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0167598	Not Applicab	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State 3		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Ζιμ 24	Country 25	Zip 29	Country 30	1	This corporation has liability for Florida Statutes	r intangible tax under s 199.032, Yes No
	g. Name and Address of Curre	nt Registered Agent			10, Name and Address of New F	legistered Agent
	S CORPORATE SERVICE, INC		81	Name		
	780 US HIGHWAY ONE ITE 300		82		fress (P.O. Box Number is Not Accept	able)
NO	ORTH PALM BEACH FL 33408		83	<u> </u>		
			84	City		FL 85 Zip Code
office or agent ± SIGNATURE	registered agent, or both, in the State and familiar with, and accept the oblig styring rection to protect range of registries as				poration submits this statement for the ation's board of directors. I hereby acc pred when reinstating)	ept the appointment as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	KASSIN, ROBERTO		1.2 NAME	1		
STREET ADDRESS	,			T ADDRESS		
District	N MIAMI BEACH FL			1.4 CiTY - ST- ZIP Change		Change Addition
NAME	BEHAR, SABY		2.2 NAME		•	E change E yauna
STREET ADDRESS	AR LESS 1445013 600			T ADDRESS		
C-1Y - S1 - Z-P	N MIAMI BEACH FL		2. 4 CITY-	ST-ZIP		
1611.6		DELETE				☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CHY-ST-20F TITLE			3.4. CITY - 4.1 TITLE	ST-ZIP		A description
	1	DELETE				I I Change I I Angliid
HAME		☐ DELETE		·		L_] Change L_ Addition
NAME STREET ADDRESS		☐ DELETE	4, 2 NAME			LJ Change LJ Additio
NAME STREET ACIDRESS OFFY - ST - ZIP			4, 2 NAME	T ADDRESS		Change Addition
STREET ANDRESS		☐ DELETE	4. 2 NAME 4.3 STREE	T ADDRESS		☐ Change ☐ Addition
STREET ACIDRESS OFFY - ST - ZIP			4, 2 NAME 4.3 STREE 4.4 City-	T ADDRESS ST-ZIP		
STREET ADDRESS CHY+ST-ZIP TILLE			4, 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP		
STREET ADDRESS ONLY - ST - ZIP TITLE NAME			4, 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP T ADDRESS		

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that for the receiver at trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Daylime Phone #

FILED

Apr 03 1997 8:00am

Secretary of State