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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L44993

(8)

AMERITRAIL, INC.

FILED
May 13 1998 8:00am
Secretary of State

AMENI	ITAIL, ING.				
Principal Plac	o of Business	Mailing Address			
.,,					
65 NW 168TH	G. HAILE & SHAW. P.A. H ST	C/O FLEMING: HAILE & SHAW, P.A. 65 NW 168TH ST (
	II BCH FL 33169	NORTH MIAMI BCH FL 33169			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
			_		01/19/1990
	lace of Business	2a. Mailing Address			4. FEI Number Applied For
	NW 167th Street	26 115 NW 167th Street			65-0167598 Not Applicable
Suite, Apt 22 Sui	#, etc. te #300	Suite, Apt. #, etc. 27 Suite #300			5. Certificate of Status Desired
City & State North	e Miami Beach, FL	City & State 28 North Miami Beach, FL		, FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year Intangible
24 3316				Dade Personal Property Tax due June 30. ☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent		Name	10. Name and Address of New Registered Agent
FHS CORPORATE SERVICE, INC					
11780 US HIGHWAY ONE			82	Street A	ddress (P.O. Box Number is Not Acceptable)
SUITE 300					
NO	ORTH PALM BEACH FL 33408		83	3	
			84	City	85 Zip Code
				<u></u>	FL 65 25 Code
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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, typod or printed name of registered agen	and title if applicable INOTE: Re	a stered Ac	jent signature re	souired when reinstaing) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KASSIN, ROBERTO		1.2 NAME		Kassin, Roberto
STREET ADDRESS	65 NW 168TH ST 🗸		1.3 STREE	T ADDRESS	115 NW 167th Street Suite #300
CITY-ST-ZIP			1.4 CiTY-	ST-ZiP	North Miami Beach, FL
TITLE	D	☐ DE L e te	2.1 TITLE		Change Addition
NAME	BEHAR, SABY		2.2 NAME		Behar, Saby
STREET ADDRESS	65 NW 168TH ST 🗸	[2.3 STREE	T ADDRESS	115 NW 167th Street Suite #300
CITY-ST-ZIP	N MIAMI BEACH FL		2. 4 CITY -	-ST - ZIP	North Miami Beach, Fl
TITLE		DELETÉ	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	
CITY-ST-ZIP			3.4. СПҮ-		
TITLE		DELETE	4.1 TITLE	ſ	☐ Change ☐ Addition
NAME		į	4. 2 NAME		
STREET ADDRESS			4.3 STREE	TADDRESS	
CITY-ST-ZIP			4.4 CITY -	ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE		L_) Change L_) Addition
NAME		i	5.2 NAME	1	
STREET ADDRESS		Í	5.3 STREE	1 ADDRESS	
CITY-ST-ZIP		T Kr. F	5.4 CITY-	ST-ZIP	
TITLE			6.1 TITLE]	L_1 Change L_1 Addition
NAME			6.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-\$T-ZIP		- A A	64 CITY-	ST-ZIP	V. O
indicated officer or	certify that the information supplied wit on this annual report or supplemental director of the corporation or the recei or Blook 13 if changed, or on an attact	annual report is true and accurat ver or trustee en cowered to exe	t⊯∡and ti	🗷 my sign	In Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in

4/29/98