

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:16

DOCUMENT # M17649 (8)
1. Corporation Name
AMERICAN EXPRESS TRS INC.

Principal Place of Business
AMERICAN EXPRESS TOWER
WORLD FINANCIAL CENTER
NEW YORK NY 10285-4415
US

Mailing Address
AMERICAN EXPRESS TOWER
WORLD FINANCIAL CENTER
NEW YORK NY 10285-4415
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/02/1985
3a. Date of Last Report 03/01/1994

4. FEI Number 13-3385529
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21. 200 Vesey Street
Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. 1 25. 26. 200 Vesey Street
Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. 30.

9. Name and Address of Current Registered Agent

IMMER, JOHN G.
169 FLAGLER ST.
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

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 the corporation

(DATE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FERNANDEZ, MIGUEL A
STREET ADDRESS	550 BILTMORE WAY
CITY- ST- ZIP	CORAL GABLES FL
TITLE	VP
NAME	WEDEN, RICHARD
STREET ADDRESS	DELEGACION BENITO JUAREZ
CITY- ST- ZIP	MEXICO CITY, MEXICO
TITLE	VP
NAME	ZERO, REGINALDO
STREET ADDRESS	550 BILTMORE WAY
CITY- ST- ZIP	CORAL GABLES FL
TITLE	T
NAME	STEVELMAN, JAY B
STREET ADDRESS	AMERICAN EXP TOWER #WFC
CITY- ST- ZIP	NEW YORK NY
TITLE	T
NAME	BERMAN, WALTER
STREET ADDRESS	AMERICAN EXP TOWER #WFC
CITY- ST- ZIP	NEW YORK NY
TITLE	S
NAME	LEDGER, DONALD J
STREET ADDRESS	AMERICAN EXP TOWER #WFC
CITY- ST- ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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:

J. B. Stevelman

Jay B. Stevelman
TREASURER

2/17/95