


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90071 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M17649 1. Corporation Name AMERICAN EXPRESS TRS INC.					
Principal Place of Business 200 VESEY STREET NEW YORK NY 10285-4415 4601 US			Mailing Address 200 VESEY STREET NEW YORK NY 10285-4415 4601 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1985	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 13-3385529	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		
			85 Zip Code FL		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input checked="" type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME P FERNANDEZ, MIGUEL A			1.2 NAME		
STREET ADDRESS 550 BILTMORE WAY			1.3 STREET ADDRESS		
CITY-ST-ZIP CORAL GABLES FL			1.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME VP WEDEN, RICHARD			2.2 NAME		
STREET ADDRESS DELEGACION BENITO JUAREZ			2.3 STREET ADDRESS		
CITY-ST-ZIP MEXICO CITY, MEXICO			2.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME VP ZERO, REGINALDO			3.2 NAME		
STREET ADDRESS 550 BILTMORE WAY			3.3 STREET ADDRESS		
CITY-ST-ZIP CORAL GABLES FL			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME T STEVELMAN, JAY B			4.2 NAME		
STREET ADDRESS 200 VESEY STREET			4.3 STREET ADDRESS		
CITY-ST-ZIP NEW YORK NY			4.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME T BERMAN, WALTER			5.2 NAME		
STREET ADDRESS 200 VESEY STREET			5.3 STREET ADDRESS		
CITY-ST-ZIP NEW YORK NY			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE:

 Jay B. Stevelman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer

4/27/99 212 640-3250

Date Daytime Phone #

CR2E034 (11/98)