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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 Mailing Address							i caminibac sub isuci nonto ucitic ac	BIW 1911 BIWIT 61	Dit Albit aldi	N Glass Glass FEar
200 VESEY STREET 200 VESEY STREET										
NEW YORK NY 10285-4415- 4601 NEW YORK NY 10285-4415- 4601				)Ox			DO NOT WRI	ITE IN THIS	SPACE	
US US							3. Date Incorporated or Qualifed			
							07/02/1985			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		/	Applied For
21 26							13-3385529			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certifcate of Status Desired			Additional
22 27				<u></u>			Gertificate of Citation Desired			Required
City & State City & State							6. Election Campaign Financing			<b>0</b> May Be
23 28							Trust Fund Contribution	<del></del> -		d to Fees
Zip				Country			8. This corporation owes the curi	rent year Inti	angibie ∐Yes	□No
24	25	129	30				Personal Property Tax.  10. Name and Address of New I	Registered .		
	9. Name and Address of Curren	t Kedisteten ydaur		81	Name		iv. Italia and Address of New	togiotorou i	1801	
IMME	er, John G.									
169 FLAGLER ST.				82	Street	t Addres	ss (P.O. Box Number is Not Accept	able)		]
MIAMI FL 33131				83						
****									<del></del>	
				84	City			FL	85 Zij	p Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorized orida Stati	ites.	the corp	poration	is board of directors. I hereby acce	pt the appoin	ntment as	registered
12.	Signature, typed or printed name of registered ager	D DIRECTORS	13.	Agen	t signature	e required	when reinstating) ADDITIONS/CHANGES TO OF		D DIREC	TORS IN 12
TITLE	P	DELETE	1.1 70	LE		7			Change	
NAME	FERNANDEZ, MIGUEL A		1.2 NA	ME						1
STREET ADDRESS	550 BILTMORE WAY		1.3 ST	REE7	ADDRESS	s				
CITY-ST-ZIP	CORAL GABLES FL	The manual manua			T-ZIP	Ì				
TITLE	VP					<del>                                     </del>			Chang	e Addition
NAME	WEDEN, RICHARD	•				}				
STREET ADDRESS	DELEGACION BENITO JUAREZ				ADDRESS	s				}
CITY-ST-ZIP				TY-S	T- ZIP	<u> </u>				
TITLE	P DELETE 3.17			īΕ					☐ Chang	ge 🗌 Addition [
NAME	TERO, REGINALDO		ME		1				Ì	
STREET ADDRESS				REET	raddress	s				
CITY-ST-ZIP	JOINTE WIDELD I E		3.4. C	TY-S	T-ZIP_					
TITLE	T	☐ DELETE 4.17		Œ		1			Chang	ge 🗌 Addition
NAME	STEVELMAN, JAY B		4. 2 NAME							
STREET ADDRESS	200 VESEY STREET		4 3 ST	REET	ADDRESS	s				ļ
CITY-ST-ZIP	NEW YORK NY	····	4.4 CI		T-ZIP	_			- Choose	Addition
TITLE	T	M_DELETE 5.1 TI							Chang	ge 🗌 Addition
NAME	BERMAN, WALTER		5.2 N/							
STREET ADDRESS	200 VESEY STREET.				FADDRESS	۱				
CITY-ST-ZIP					T-ZIP				☐ Chang	ge 🗀 Addition
TITLE		L'1 DECE LE	6.1 TT 6.2 N/							, Addition
NAME					I ADDRESS					ļ
ATDECT :										

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

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

212 640-3250