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Feb 12 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # M40378 (5)

1. Corporation Name
AMERICAN SOUTHERN CONSULTANTS, INC.



Principal Place of Business: 9795 SW 72ND STREET MIAMI FL 33173 US
Mailing Address: 9795 SW 72ND STREET MIAMI FL 33173-4615 US

3. Date Incorporated or Qualified: 10/21/1986
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business (21-23) and Mailing Address (2a-24) details including Suite, Apt. #, etc., City & State, Zip, and Country.
4. FEI Number: 59-2738523
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

9. Name and Address of Current Registered Agent: TYRRELL, JOHN J., 9795 S.W. 72ND STREET, MIAMI FL 33173
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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE TYRRELL, JOHN J.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYRRELL, JOHN J.	1.2 NAME	
STREET ADDRESS	1588 S.W. 151ST. AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL 33027	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE PENEGUY, CHRISTOPHER	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENEGUY, CHRISTOPHER	2.2 NAME	
STREET ADDRESS	5501 SW 2ND ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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	

14. I do 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 in an address.

SIGNATURE: *John J. Tyrrell* John J. TYRRELL 2/5/97 305-279-7665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)