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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M68335

(2)

AMERICAN INTERNATIONAL HOLDINGS, INC.

Principal Place 10469 DOWN L WINDERMERE F	akeview Cir.	10489 D	Mailing Address 10489 DOWN LAKEVIEW CIR. WINDERMERE FL 34798-7910							
							3. Date incorporated or Qualified 02/16/1988		te of Last Re 10/1996	eport
2. Principal Pl	ace of Business		ling Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·		plied For
Suite, Apt.	t do	26	te, Apt. #, etc.				59-2875039		\$8.75 A	t Applicable
22	π, 6ισ.	27	.о, гфт. и, ото.				5. Certificate of Status Desired		Fee Re	
City & State)		& State				6. Election Campaign Financing		\$5.00	May Be
23		28		1			Trust Fund Contribution		Added 1	
- Zφ □ - Z	Country 25	Zip 29		30 Cou	ntry	'	8. This corporation has liability for Florida Statutes	or intangible		. 199.032,
24	9. Name and Address of Curre		d Agent	[30]	Γ.		10. Name and Address of New I			
ANS	ARI, TAHIR				B1	Name				
10489 DOWN LAKEVIEW CIR.					62	Street Add	ress (P.O. Box Number is Not Accept	table)		
WINI	DERMERE FL 34788									
					84	City		FL	85 Zip (Code
11. Pursuant to office or nagont I at	to the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the obli	02 and 607.13 te of Florida. S gations of, Sec	508, Florida Statu luch change was ction 607.0505, Fl	tes, the a authorize lorida Sta	bove d by tutes	e-named cor the corpora	poration submits this statement for the tion's board of directors. I hereby acc		changing it ointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered a	and had life if ano	lionhis (NO	TE Ponietoro	1 800	on signatura segu	ired when reinstating)	DATE		
12.		ND DIRECTOR		13.	a nge	on algratore redo	ADDITIONS/CHANGES TO OF		DIRECTOR	S IN 12
trice	D		☐ DELETE 1.11						Change	Addition
NAME	ANSARI, TAHIR									
STREET ADDRESS	10469 DOWN LAKEVIEW CIR	•			1.3 STREET ADDRESS					
CITY - ST - ZIF	WINDERMERE FL		DELETE			T-ZIP			Change	Addition
TITLE			TT nereis	2.1 To 2.2 N					Change	L.J ADDITION
NAME STREET ADORESS						ADDRESS				
C(1Y-ST-ZIF						ST - ZIP				i
TITLE			DELETE	3.1 Ti				······································	Change	Addition
NAME				3.2 N	AME					
STREET ADDRESS				335	TAEET	ADDRESS				
CITY-ST-ZIP			T-1			ST-ZIP			Observe	1 Addition
TITLE			DELETE	4.1 T					Change	Addition
NAMÉ				4.21						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			☐ DELETE	5.1 T		ST-ZIP			Change	Addition
TITLE NAME			and the late of the	5.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP						T- 21P				
IIILE			DELETE	6.17		· · · · · · · · · · · · · · · · · · ·			Change	Addition
NAME				6.2 N	AME					
STREET ADDRESS				6.3 S	TREET	ADDRESS				i
CITY - ST - ZIP				6.4 C	ITY-S	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

FILED

May 15 1997 8:00am

Secretary of State