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

PROFIT CORPORATION ANNUAL REPORT

**1998** 

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 28 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M68335

(2)

AMERICAN INTERNATIONAL HOLDINGS, INC.

## Principal Place of Business Mailing Address 10469 DOWN LAKEVIEW CIR. 10469 DOWN LAKEVIEW CIR. WINDERMERE FL 34786 WINDERMERE FL 34786 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1988 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2875039 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country $Z_{\rm IP}$ Zip 8. This corporation owes or has paid the current year Intangible X Yes □ No 30 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ansa**r**i, tahir 10469 DOWN LAKEVIEW CIR. 82 Street Address (P.O. Box Number is Not Acceptable) WINDERMERE FL 34786 83 RA Zip Code City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE TITLE 1.1 TITLE **ANSARI, TAHIR** 1.2 NAME NAME 10469 DOWN LAKEVIEW CIR. 1.3 STREET ADDRESS STREET ADDRESS WINDERMERE FL 1.4 CITY-ST-ZIF CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP Addition Change DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 THILE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

4/2 /00 /400) 21 2

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