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Apr 03 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 # M96582 (5)

1. Corporation Name
AIS WEST PALM BEACH, INC.

Principal Place of Business

% JOHN J. HERNANDEZ
6969 W. 20TH AVE.
HIALEAH FL 33014

Mailing Address

% JOHN J. HERNANDEZ
6969 W. 20TH AVE.
HIALEAH FL 33014-4431



3. Date Incorporated or Qualified 08/29/1988 3a. Date of Last Report 03/05/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0118863 Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERNANDEZ, JOHN J.
6969 W. 20TH AVE.
HIALEAH FL 33014

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	LOTSPEICH, JAY W.	1.2 NAME	
STREET ADDRESS	6969 W 20TH AVE.	1.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL	1.4 CITY- ST- ZIP	
TITLE	PD	2.1 TITLE	
NAME	HERNANDEZ, JOHN J.	2.2 NAME	
STREET ADDRESS	6969 W 20TH AVE.	2.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	
NAME	PETRIONE, JULIE	3.2 NAME	
STREET ADDRESS	6969 W 20TH AVE.	3.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
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 with an address.

SIGNATURE: [Signature] DATE: 3/27/97 DAYTIME PHONE: 305 821-8000