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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

M96639

(3)

AIS MIAMI, INC.

**FILED** Mar 31 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						-	ALBIJ BIBIT BIBIT BIBIT 1891	
% John J. Hernandez 6969 W. 20th Ave. Hialeah Fl 33014		% JOHN J. HERNANDEZ 6869 W. 20TH AVE. HIALEAH FL 33014				DO NOT WRITE IN THIS SE	ACE	
						3. Date Incorporated or Qualified 08/29/1988		
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number	Applied For	ㅓ
21		26				65-0118689	Not Applicable	↲
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional	-
22		27					Fee Required	$\Box$
City & Stat	8	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	ļ
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible		
24	25 29 30				Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Ag	jent	ļ
Н	iernandez, John J.			81	Name			
6969 W. 20TH AVE.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		7
H	IIALEAH FL 33014			83			<del></del>	┥
				24	03			4
			1	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 register 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								ı
SIGNATURE	Signature, typed or printed name of registered ages	it and little if applicable (NOTI	Registered	Ageni	signature required	d when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND I	<del></del>	_խ
TITLE	D	☐ DELETÉ	DELETE 1.1 TI			L	Change Addition	1
NAME	LOTSPEICH, JAY W.		1.2 NAME					- ]:
STREET ADDRESS	6969 W 20TH AVE.	1.3 \$		1.3 STREET ADDRESS				- li
CITY-ST-ZIP				TY-ST-	ZIP		1	4
TITLE	PD	☐ DELETE	2.1 TITLE		1	L	Change Addition	¹ ['
NAME	HERNANDEZ, JOHN J.		2.2 NAME		,			1
STREET ADDRESS	6969 W 20TH AVE.	235		23 STREET ADDRESS				- ]
CITY-ST-ZIP	HIALEAH FL	T or eve	2.4 CITY-ST-ZIP		- ZIP		10	4
TITLE	VD	☐ DEL <b>e</b> te	3.1 TIT			L	_ Change Addition	١.
NAME	PETRICONE, JULIE		3.2 NAME					l
STREET ADDRESS	6969 W 20TH AVE.		3.3 STREET					
CITY - ST - ZIP	HIALEAH FL	DELETE	3.4. CITY - 4.1 TITLE		-ZiP		Change Addition	$\vdash$
TITLE	HERNANDEZ, ANEBEL		ı		1	L	1 Curinge C Modifich	Ή.
NAME Street Address	6969 W 20TH AVE		4.2 NAME 4.3 STREET		nngess .			
CITY-ST-ZIP	HIALEAH FL		4.4 CITY - S					1
TITLE	1 *** ****** ** 1 1 ***	DELETE	5.1 Til				Change Addition	$\dashv$
NAME		<del></del>	5.2 NA			_		-
STREET ADDRESS					DDRESS			- [
CITY-ST-ZIP				TY-ST-				1
TITLE		DELETE	6.1 TIT				Change	7
NAME			6.2 NA			_	_ ,	
STREET ADDRESS					DORESS			
			1					- 1

14. Thereby 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:** 

JOHN HERNANDEZ - PRESIDENT