

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90847 043 ***150.00

DOCUMENT # M96639

1. Entity Name
AIS MIAMI, INC.



Principal Place of Business
**125 SOUTH FRANKLIN STREET
CHICAGO, IL 60606**

Mailing Address
**125 SOUTH FRANKLIN STREET
CHICAGO, IL 60606**

2. Principal Place of Business - No P.O. Box #
6969 W. 20TH AVE

3. Mailing Address
6969 W. 20TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH, FL

City & State
HIALEAH, FL

Zip
33014

Country
USA

Zip
33014

Country
USA

04242007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0118689

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **LOTSPEICH, JAY W.**
STREET ADDRESS **6969 W 20TH AVE.**
CITY-ST-ZIP **HIALEAH, FL**

TITLE **PD** ☒ Delete
NAME **HERNANDEZ, JOHN J.**
STREET ADDRESS **6969 W 20TH AVE.**
CITY-ST-ZIP **HIALEAH, FL**

TITLE **VDS** ☒ Delete
NAME **PETRICONE, JULIE**
STREET ADDRESS **6969 W 20TH AVE.**
CITY-ST-ZIP **HIALEAH, FL**

TITLE **V** ☒ Delete
NAME **HERNANDEZ, ANEBEL**
STREET ADDRESS **6969 W 20TH AVE**
CITY-ST-ZIP **HIALEAH, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☐ Change ☒ Addition
NAME **BRENDAN J. DEELY**
STREET ADDRESS **550 W. ADAMS**
CITY-ST-ZIP **CHICAGO, IL 60661**

TITLE **V/D** ☐ Change ☒ Addition
NAME **JOHN W. CAIN**
STREET ADDRESS **550 W ADAMS**
CITY-ST-ZIP **CHICAGO, IL 60661**

TITLE **V** ☐ Change ☒ Addition
NAME **JOHN J. HERNANDEZ**
STREET ADDRESS **6969 W 20TH**
CITY-ST-ZIP **CHICAGO, IL HIALEAH, FL 33014**

TITLE **V** ☐ Change ☒ Addition
NAME **KAREN L. LEETS**
STREET ADDRESS **550 W ADAMS**
CITY-ST-ZIP **CHICAGO, IL 60661**

TITLE **V** ☐ Change ☒ Addition
NAME **RICHARD H. FLEMING**
STREET ADDRESS **550 W. ADAMS**
CITY-ST-ZIP **CHICAGO, IL 60661**

TITLE **V/D** ☐ Change ☒ Addition
NAME **JOSEPH W. HOLMES**
STREET ADDRESS **550 W. ADAMS**
CITY-ST-ZIP **CHICAGO, IL 60661**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #

John Hernandez, Gen. Mng. **4-27-07** **305-821-8000**

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # M96639 1. Entity Name AIS MIAMI, INC.					
Principal Place of Business 125 SOUTH FRANKLIN STREET CHICAGO, IL 60606			Mailing Address 125 SOUTH FRANKLIN STREET CHICAGO, IL 60606		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; font-family: cursive; margin-bottom: 10px;">40093532</div> <div> 04242007 Chg-P CR2E034 (12/06) </div>	
City & State		City & State		4. FEI Number 65-0118689	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOTSPEICH, JAY W. 6969 W 20TH AVE. HIALEAH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARK A. HICKMAN 550 W. ADAMS CHICAGO, IL 60661	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, JOHN J. 6969 W 20TH AVE. HIALEAH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEVIN CORRIGAN 550 W. ADAMS CHICAGO, IL 60661	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS PETRICONE, JULIE 6969 W 20TH AVE. HIALEAH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUZANNE K. TORREY 550 W. ADAMS CHICAGO, IL 60661	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ, ANEBEL 6969 W 20TH AVE HIALEAH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					