


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 27, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000073713
1. Entity Name
AMERICAS PROPERTY MANAGEMENT CORPORATION



Principal Place of Business Mailing Address
10598 N.W. SOUTH RIVER DRIVE 10598 N.W. SOUTH RIVER DRIVE
MIAMI, FL 33178 MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1058347 Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCE, LORENZO 10598 N.W. SOUTH RIVER DRIVE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AIBEL, JONATHAN E 10598 N.W. SOUTH RIVER DRIVE MIAMI, FL 33178
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01/27/04-80020-008 150.00

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12. 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 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:  1/19/04 (305)883-1921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #