

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000121429**

1. Entity Name

AMERICAN HERITAGE ENTERTAINMENT, INC.



Principal Place of Business

1390 S DIXIE HWY, STE 1203  
CORAL GABLES, FL 33146

Mailing Address

1390 S DIXIE HWY, STE 1203  
CORAL GABLES, FL 33146



04302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**14-1863393**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OLLE, DENNIS J ESQ  
2601 S BAYSHORE DR, STE 1600  
MIAMI, FL 33133

**DO NOT WRITE  
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

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, 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 D  
NAME HARPER, ALLEN C  
STREET ADDRESS 1390 S DIXIE HWY, STE 1203  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D  
NAME HARPER, CAROL E  
STREET ADDRESS 1390 S DIXIE HWY, STE 1203  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D  
NAME ACIERNO, MICHAEL J  
STREET ADDRESS 1390 S DIXIE HWY, STE 1203  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/04/04-80050-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 667-  
0990

4-30-04

CFO