

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norment
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40376

(6)

1. Corporation Name

AMERIL CORPORATION

Principal Place of Business

362 MINORCA AVE., #105
CORAL GABLES FL 33134

Mailing Address

362 MINORCA AVE., #105
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/02/1992

3a. Date of Last Report
06/20/1994

4. FEI Number
65-0348836

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

28

Country

30

9. Name and Address of Current Registered Agent

IRILL, IRVING R
362 MINORCA AVE., #105
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
MARIAN A. SCHWEIGER

82 Street Address (P.O. Box Number is Not Acceptable)
999 Ponce De Leon Blvd.,

83 Suite 1000

84 City
Coral Gables

85 FL Zip Code
33134

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 607.0506, Florida Statutes.

SIGNATURE

Marian A. Schweiger

2-22-95

12. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	IRILL, IRVING R
STREET ADDRESS	362 MINORCA AVE., #105
CITY- ST- ZIP	CORAL GABLES FL 33134
TITLE	DO
NAME	IRILL, ROBERT
STREET ADDRESS	2777 SW ARCHER RD., #CG 162
CITY- ST- ZIP	GAINESVILLE FL 33175
TITLE	DO
NAME	IRILL, SUSAN L
STREET ADDRESS	362 MINORCA AVE., #105
CITY- ST- ZIP	CORAL GABLES FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE	President/Director	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	Secretary/Director	☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/95 (305) 448-8554