FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 19 PM 6:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 92 000004010 Amended

1. Corporation Name

AMERICAN INVESTMENT & FINANCE GPOUP, INC.

Principal Place of Business	Mailing Address
1402 East Las Olas Blvd., Suite #200 Fort Lauderdale, Florida 33301	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **Nov. 12, 1992**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 **1402 E. Las Olas Blvd**	26 **1402 E. Las Olas Blvd**
Suite, Apt. #, etc: 22 **Ste. #200**	Suite, Apt. #, etc: 27 **Ste.#200**
City & State: 23 **Ft. Laud., Fl.**	City & State: 28 **Ft. Laud., Fl.**
Zip: 24 **33301** Country: 25 **Brovard**	Zip: 29 **33301** Country: 30 **Brovard**

4. FEI Number: **Filed** — X 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 § 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
B. Nesbitt **1402 E. Las Olas Blvd., Ste.#200** **Ft. Laud., Fl. 33301**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	**Vice Pres.** **Frank Garrahan** **1402 E. Las Olas Blvd** **Ft. Laud., Fl. 33301**	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	**President, C.E.O.** **Brian Garrahan** **1402 E. Las Olas Blvd.** **Ft. Laud., Fl. 33301**	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	**President, C.E.O.** **Brian Garrahan** **1402 E. Las Olas Blvd.** **Ft. Laud., Fl. 33301** ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	**Vice Pres.** **Benjamin Nesbitt** **1402 E, Las Olas Blvd.** **Ft. Laud., Fl. 33301**	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition 900001518009 -06/20/95--01103--018 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	**s/t** **B. Nesbitt** **1402 E. Las Olas Blvd.** **Ft. Laud., Fl. 33301**	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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(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 added on an attachment with an address.

SIGNATURE: **Benjamin Nesbitt, V.P.** **May 23, 1995** **305-463-5555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #