FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000008581 (9)**

1. Corporation Name

AMERITECH EXPORTS, INC.

Principal Place of Business	Mailing Address
6095 N W 167TH ST D-4 MIAMI FL 33015 US	6095 N W 167TH ST D-4 MIAMI FL 33015 US

2. Principal Place of Business	2a. Mailing Address
21 7640 N.W. 25th Street	26 7640 N.W. 25th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite #119	27 Suite #119
City & State	City & State
23 Miami, Fl.	28 Miami, Fl.
Zip / Country	Zip / Country
24 33122 / 25 USA	29 33122 / 30 USA

3. Date Incorporated or Qualified: 02/03/1993
3a. Date of Last Report: 02/10/1995
4. FEI Number: 65-0385688 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired XX ☐ **$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

9. **Name and Address of Current Registered Agent**

SAXON, KYLE R
169 E. FLAGLER ST.
1700 ALFRED I. DUPONT BLDG.
MIAMI FL 33131

10. **Name and Address of New Registered Agent**

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	XX	☐ DELETE	11 TITLE	P	☒ Change ☐ Addition
NAME	GALLAGHER, JOHN B		12 NAME		
STREET ADDRESS	2701 SEA ISLAND DR		13 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		14 CITY-ST-ZIP		
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	GRZYB, JOSEPH A		22 NAME		
STREET ADDRESS	325 CAMERON DR		23 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		24 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	SHIELDS, HARRY D		32 NAME		
STREET ADDRESS	804 THIRD AVE SOUTH		33 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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 on an attachment with an address.

SIGNATURE: Joseph A. Grzyb 3/14/96 (305) 470-9515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #