FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 JUN -5 PM 2:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000023971

Corporation Name

AMERICASKY CORPORATION

Principal Place of Business	Mailing Address
5900 S.W. 73rd St. Miami, FL 33143 US Suite 200 Miami, FL 33143	5900 S.W. 73rd St. Miami, FL 33143 Suite 200 Miami, FL 33143

3. Date Incorporated or Qualified: 03/31/1993
3a. Date of Last Report: 7/11/96

Principal Place of Business	2a. Mailing Address
4045 N.W. 97th Ave.	26 4045 N.W. 97th Ave.
Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
City & State: Miami, FL	28 City & State: Miami, FL
Zip: 33178 Country: 25	Zip: 33178 29 Country: 30

4. FEI Number: 65-9406186 ☐ 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

9. Name and Address of Current Registered Agent

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, FL 32301

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

1. 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)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Northland, Patricio 4045 N.W. 97th Ave. Miami, FL 33178 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Ureta, Felipe 4045 N.W. 97th Av. Miami, FL 33178 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Northland, Marco 4045 N.W. 97th Ave. Miami, FL 33178 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Burchardt, Konrad 4045 N.W. 97th Ave. Miami, FL 33178 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/S Vargas, Alejandro 4045 N.W. 97th Av. Miami, FL 33178 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P/CEO Asecio, Jorge 4045 N.W. 97th Av. Miami, FL 33178 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	T/CFO Contreras, Daniel 4045 N.W. 97th Ave. Miami, FL 33178 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	

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14. I do 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 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 by an attachment with an address.

Alejandro Vargas 6/2/97