FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED
$ 61.25

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P93000046872

1. Corporation Name
North American Asset Management, Inc.

Principal Place of Business	Mailing Address
4500 N.State RD.7 Suite 311 Lauderdale Lks.,FL 33319	4500 N.State RD.7 Suite 311 Laud. Lks., FL 33319

3. Date Incorporated or Qualified: 07-01-93
3a. Date of Last Report: 05-02-97

2. Principal Place of Business	2a. Mailing Address
21 7100 Camino Real	26 7100 Camino Real
Suite, Apt. #, etc. 22 401	Suite, Apt. #, etc. 27 401
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip / Country 24 33433 / 25 Palm Beach	Zip / Country 29 33433 / 30 Palm Beach

4. FEI Number: 65-0418382 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
James A. Kent 2810 S.W. 122nd Ave. Miami, FL 33175	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	P XX DELETE	11 TITLE	P/D ☐ Change XX Addition
NAME	Mitchell, Robert	12 NAME	Terry Sands
STREET ADDRESS	4500 N. State Rd.7 #311	13 STREET ADDRESS	8620 S.W. 1st PL.
CITY-ST-ZIP	Lauderdale Lakes, FL 33319	14 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	☐ DELETE	21 TITLE	S/T ☐ Change XX Addition
NAME		22 NAME	Jim Kent
STREET ADDRESS		23 STREET ADDRESS	2810 S.W. 122nd Ave.
CITY-ST-ZIP		24 CITY-ST-ZIP	Miami, FL 33175
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	500002347515 U
STREET ADDRESS		33 STREET ADDRESS	-11/14/97--01065--018
CITY-ST-ZIP		34 CITY-ST-ZIP	*****61.25 *****61.25
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 (9/96)

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 on an attachment with an address.

SIGNATURE: Jim Kent 11/10/97 305 223 8477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #