

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 # P93000047924 (4)

1. Corporation Name
AMERICA AD ONE, INC.



Principal Place of Business: **2206 HOLLYWOOD BLVD. HOLLYWOOD FL 33020**
Mailing Address: **2206 HOLLYWOOD BLVD. HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified: **07/08/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **2999 NE 191st Street**
Suite, Apt. #, etc.: **#900**
City & State: **Aventura, Florida**
Zip: **33180** County: **Dade**
2a. Mailing Address
26 **2999 NE 191st Street**
Suite, Apt. #, etc.: **#900**
City & State: **Aventura, Florida**
Zip: **33180** County: **Dade**

4. FEI Number: **65-0502859**
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
MANELLA, ROSS
2206 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
81 Name: **Fred Hochstein**
82 Street Address (P.O. Box Number is Not Acceptable):
83 **2999 NE 191st Street**
84 City: **Aventura** FL 85 Zip Code: **33180**

11. Pursuant to the provisions of Sections 607.002 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 607.035, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **8/6/96**

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	CHRISTOPHER, PAUL	
STREET ADDRESS	7474 ROSEWOOD CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Paul Christopher	
13 STREET ADDRESS	5900 SW 96 th Street	
14 CITY-ST-ZIP	Coral Gables, FL	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing was 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: *[Signature]* DATE: **8/6/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Paul Christopher** (305) 770-1000

CR2E034 (12/95)