FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Jan 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000048446 (7)

AMERICAN EQUITY MANAGEMENT GROUP, INC.

appears in Block 12 or Block 13 if changed

SIGNATURE:

2875 N.E. 191ST ST. SUITE 601 NORTH MIAMI BEACH FL 33180		2875 N.E. 191ST ST. Suite 601 North Miami Beach Fl 33180-2833			Date Incorporated or Qualified	3a. Da	te of L	ast Re	port	
						07/02/1993		3/19		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	· · · · · ·	T.	App	olied For
21		26				NOT APPLICABLE			\rightarrow	Applicable
Suite, Apt.		Suite Apt. #, etc.				5. Certificate of Status Desired	×		75 A	dditional quired
City & State		City & State				Election Campaign Financing Trust Fund Contribution				May Be Fees
Zip 24	Country 25	2 _(p)	Coun 30	try		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Curr	ent Registered Agent		31		10. Name and Address of New Re	gistered /	gent		
CHISM, EDWARD M					Name					
2875 N.E. 191ST ST. SUITE 601			8	82 Street Address (P.O. Box Number is Not Acceptable)				***************************************	••••	
NOF	RTH MIAMI BEACH FL 33180		ε	33						
			- E	34	City			85	Zip C	ode
		500 10074155 51115		\perp			<u>FL</u>			
office or ri	egistered agent, or both, in the Sta	te of Florida. Such change was	authorized	bν	the corporati	oration submits this statement for the p ion's board of directors. I hereby accep				
i	ni familiar with, and accept the ob-	igations of, Section 607.0505, F	lorida Statu	tes	3.					
SIGNATURE	Signature: typed or printed have of registered :	arjent at 3 the it applicate (NC	Off Registered /	Age	nt signature requir	ed when reinstating)	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	CTORS	S IN 12
TITLE	PTD	☐ DELETE	1.1 TITL	E				Ch	ange	Addition
NAME	CHISM, EDWARD M	***	1,2 NAN	ИE						
STREET ADDRESS	2875 N.E. 191ST ST. SUITE		1.3 STR	EET	ADDRESS					
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33	,	1,4 CITY		T- ZIP			T 7.		I Addit-
TITLE	SVD Chism, Edward M. II	[] DELETE	2.1 TITL					∐ Ch	ange	Addition
NAME	2875 N.W. 191ST STREET S	UITE AN1		2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS !	AVENTURA FL	OIL OO	2 3 STRI 2 4 CIT)					
CHY-ST-ZIP THILE	ALLITOITTE	DELETE	3 1 TIJL		51-21			☐ Ch	ange	Addition
NAVE			32 NAM						-	
STREET ADDRESS					ADDRESS					
CITY-S1-7IP			3.4. C(1)	Y - S	ST-ZIP					
TITLE		☐ DELETE	4.1 TITL	.E				☐ Ch	ange	Addition
NAME			4 2 NA	ΜĒ						
STREET ADDRESS			4.3 STR	EET	ADDRESS					
CITY+ST+ZIP			4.4 CHTY		T - ZIP					
TITLE		DELETE	5.1 TITL					∐ Ch	ange	Addition
NAME			5 2 NAN							
STREET ACCRESS					ADDRESS					
CITY-ST-7/2		DELETE	5.4 CITY 6.1 TITL		T-ZIP			Ch	anne	Addition
DILE		L_J DECERT						U VII	u-igo	- FROMION
NAME			6.2 NAM		1000ECC					
STREET ADORESS			6.3 SIR	CCI	ADDRESS					

6.4 CITY-S1-ZIP

14. If 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 armulal 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

EDWARD M

or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF