

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

**FILED**

**Feb 12 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P93000069490 (9)**

**1. Corporation Name**  
**AMERICAN HOLDINGS OF SOUTH FLORIDA, INC.**



**Principal Place of Business**

**20801 BISCAYNE BLVD.  
SUITE 302  
N. MIAMI BEACH FL 33180**

**Mailing Address**

**20801 BISCAYNE BLVD.  
SUITE 302  
N. MIAMI BEACH FL 33180-1422**

**3. Date Incorporated or Qualified**  
**10/06/1993**

**3a. Date of Last Report**  
**02/21/1996**

**2. Principal Place of Business**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24**

**2a. Mailing Address**

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29**

**4. FEI Number**

**65-0449300**

**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**

**LECHTER, ROBERT  
20801 BISCAYNE BLVD.  
SUITE 302  
N. MIAMI BEACH FL 33180**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**12. OFFICERS AND DIRECTORS**

**TITLE** **DP** ☐ **DELETE**  
**NAME** **LECHTER, ROBERT**  
**STREET ADDRESS** **20801 BISCAYNE BLVD., #302**  
**CITY - ST - ZIP** **N. MIAMI BEACH FL**

**TITLE** **DVST** ☐ **DELETE**  
**NAME** **LECHTER, LORENA**  
**STREET ADDRESS** **20801 BISCAYNE BLVD, S302**  
**CITY - ST - ZIP** **MIAMI FL**

**TITLE** ☐ **DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ **DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ **DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ **DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**11 TITLE** ☐ **Change** ☐ **Addition**  
**12 NAME**  
**13 STREET ADDRESS**  
**14 CITY - ST - ZIP**

**21 TITLE** ☐ **Change** ☐ **Addition**  
**22 NAME**  
**23 STREET ADDRESS**  
**24 CITY - ST - ZIP**

**31 TITLE** ☐ **Change** ☐ **Addition**  
**32 NAME**  
**33 STREET ADDRESS**  
**34 CITY - ST - ZIP**

**41 TITLE** ☐ **Change** ☐ **Addition**  
**42 NAME**  
**43 STREET ADDRESS**  
**44 CITY - ST - ZIP**

**51 TITLE** ☐ **Change** ☐ **Addition**  
**52 NAME**  
**53 STREET ADDRESS**  
**54 CITY - ST - ZIP**

**61 TITLE** ☐ **Change** ☐ **Addition**  
**62 NAME**  
**63 STREET ADDRESS**  
**64 CITY - ST - ZIP**

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**ROBERT LECHTER, D/C**

**2/5/97**

**305 932 7800**

**CR2E034 (9/96)**