

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90016 026 \*\*\*150.00

DOCUMENT # P93000069490

1. Corporation Name

AMERICAN HOLDINGS OF SOUTH FLORIDA, INC.

Principal Place of Business

1250 E HALLANDALE BEACH BLVD  
SUITE 809  
HALLANDALE FL 33009  
US

Mailing Address

1250 E HALLANDALE BEACH BLVD  
SUITE 809  
HALLANDALE FL 33009  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1993

2. Principal Place of Business

21 1150B E HALLANDALE BCH BLVD  
Suite, Apt. #, etc.

2a. Mailing Address

26 1150B E HALLANDALE BCH BLVD  
Suite, Apt. #, etc.

4. FEI Number

65-0449300

Applied For

Not Applicable

22

City & State

23 HALLANDALE FL  
Zip Country

24 33009

25 USA

27

City & State

28 HALLANDALE FL  
Zip Country

29 33009

30 USA

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 owes the current year Intangible  
Personal Property Tax.

☐ 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

ROBERT LECHTER

82 Street Address (P.O. Box Number is Not Acceptable)

1150B E HALLANDALE BCH BLVD

83

84

CITY HALLANDALE

FL

85

Zip Code

33009

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.

ROBERT LECHTER

(NOTE: Registered Agent signature required when reinstating)

4/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
LECHTER, ROBERT  
1250 E HALLANDALE BEACH BLVD STE 809  
HALLANDALE FL 33009

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LECHTER, LORENA  
1250 E HALLANDALE BEACH BLVD STE 809  
HALLANDALE FL 33009

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
DPS  
LECHTER, ROBERT  
1150-B E HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

☒ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
D  
LECHTER, LORENA  
1150B E HALLANDALE BCH BLVD  
HALLANDALE FL 33009

☒ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)