2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000079619 DOCUMENT

WE TO

FILED Feb 24, 2003 8:00 am Secretary of State

MEMORI		DENS OF THE AM	TERICAS, INC.				02-24-2003	3 90938	014 ****15	8.73	
Principal Place of Business 1200 BRICKELL AVENUE SUITE 305 MIAMI FL 33131 US		Mailing Address 1200 BRICKELL AVENUE SUITE 305 MIAMI FL 33131 US					30) 11) 11	IN 1888 (1888))		
2. Principal F	Place of Busin	ness	3. Mailing Address			1					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Nu	mber 65-048514	8 8		pplied For ot Applicable	
Zip Country		Zip	Zip Country		5. Certific	ate of Status Desired	X	\$8.75 Ad Fee Require	ditional		
_~	- 6. Name	and Address of Curren	t Registered Agent			7.≟Name	and Address of New I	Registere	Agent		
CLINE, H		•			Name Street Addres	s (P.O. Box Nu	mber is Not Acceptable	e)			
	irt st, ste Ater fl 34						·				
۴					City		***************************************	F	L 3375	je 5	
8. The above the obligation	e named entit tions of regist	y submits this statement tered agent.	for the purpose of changing	g its register	ed office or regis	tered agent, or	both, in the State of Fl	orida. I ar	n familiar with,	and accept	
SIGNÄTURE	Signature, typed	or printed name of registered ager	at and title if applicable. (NOTE: Registere	d Agent signature requ	ired when reinstating)	DATE			
		! FEE IS \$150.00				9.	Election Campaign Fi	nancing	\$5.0	O May Be	
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o				9.	Election Campaign Fi Trust Fund Contribution	-		00 May Be d to Fees	
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

efferson Norman Powell,

(305) 373-6930