## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P9300084665 (7)

AMERICAS INVESTMENT GROUP, INC.

**FILED** Jul 23 1997 8:00am Secretary of State



| Principal Plac       | e of Business   | Mailing Add                        | Mailing Address       |                            |                   | ı reanradı ire reşen iştişi kalın desir adılın desir adılın desiri diğişi |  |                  |             |            |  |
|----------------------|---|------------------------------------|-----------------------|----------------------------|-------------------|---|--|------------------|-------------|------------|--|
| 6965 GRANAD          |   |                                    | 6965 GRANADA BLVD.    |                            |                   |   |  |                  |             |            |  |
| CORAL GABLE          | ES FL 33146   | CORAL GAB                          | CORAL GABLES FL 33146 |                            |                   |   | DO NOT WRITE IN THIS SPACE             |                  |             |            |  |
|                      |   |                                    |                       |                            |                   | 3. Date Incorp  | orated or Qualified                    |                  |             | port       |  |
| i                    |   |                                    |                       |                            |                   | 12/13/19  |  | 12/13/           |             | ' ·        |  |
| 2. Principal P       | lace of Business  | 2a. Mailing A                      | 2a. Mailing Address   |                            |                   | 4. FEI Number   |  |                  | Applied For |            |  |
| 21                   |   | 26                                 | 26                    |                            |                   | 65-0482177  |  |                  | Not         | Applicable |  |
| Sulte, Apt.          | #, etc.   | Suite, Ap                          | Suite, Apt. #, etc.   |                            |                   | 5. Certificate of Status Desired S8.75 Additions                          |  |                  | ditional    |            |  |
| 22                   |   | 27                                 |                       |                            |                   | G. Certinoato e   | - Claids Desired                       |                  | Fee Rec     | uired      |  |
| City & Stat          | e   | <u> </u>                           | City & State          |                            |                   | 6. Election Campaign Financing \$5.00 May Be                              |  |                  |             |            |  |
| 23                   |   |                                    | 28                    |                            |                   | Trust Fund Contribution   |  |                  |             |            |  |
| Zip                  | Country   | Zip                                | <u> </u>              | Country                    | ,                 |   | ation owes or has p                    |                  |             | ~ i        |  |
| 24                   | 25  <br>9, Name and Address of C  | 29                                 | 30                    | <del></del>                |                   |   | operty Tax due Jun<br>Address of New R |                  | _           | No         |  |
| 00                   |   | Cultetit Negistered Age            |                       | 81                         | Name *            |   |  |                  | 14          |            |  |
|                      | CRUZ, JORE L  |                                    |                       |                            |                   | Torge L   |  |                  |             | •          |  |
|                      | 5 GRANDADA BLVD.  |                                    | 82 Street             |                            |                   | Address (P.O. Box Number is Not Acceptable) 965 GRANADA BLUD.             |  |                  |             |            |  |
| CO                   | RAL GABLES FL 33146   |                                    |                       | 63                         | 670               | GO GRAZ   | VAUA CO                                | -00.             |             |            |  |
|                      |   |                                    |                       |                            |                   |   |  |                  |             |            |  |
|                      |   |                                    |                       | 84                         | City              | ORAL GA   | N/ EC                                  | FL 85            | Zip C       | ode<br>/46 |  |
| 11. Pursuant         | to the provisions of Sections 60  | 7 0902 and 607 1509 5              | Orida Statutes        | the abovi                  |                   |   |  |                  | noing its   | registered |  |
| office or r          | to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the | State of Florida Such c            | hange was auth        | orized by                  | the corpora       | ation's board of direct   | ctors. I hereby acce                   | ept the appointm | nent as r   | egistered  |  |
|                      | in familial with, and accept the  | obligations of, socilore           | 307.0303, Florida     | a Statute:                 | S.                | /   | 12/57                                  |                  |             |            |  |
| SIGNATURE            | Signature, typed or printed name of consider  | ared again and title if applicable | (NOTE Re              | gistered Ag                | ni signature requ | ored when reinstating   | 10/14                                  | DATE             |             |            |  |
| 12.                  |   | S AND DIRECTORS                    |                       | 13.                        |                   | ADDITIONS/  | CHÂNGES TO OFFI                        | CERS AND DIR     | ECTORS      | IN 12      |  |
| TITLE                | PDS   | ,                                  | ] DELET <b>e</b>      | 1.1 TITLE                  |                   |   |  |                  | Change      | ☐ Addition |  |
| NAME                 | CRUZ, JORGE L   |                                    |                       | 1.2 NAME                   |                   |   |  |                  |             |            |  |
| STREET ADDRESS       | 6965 GRADADA BLVD.  | ••                                 |                       | 1.3 STREET                 | ADDRESS           |   |  |                  |             |            |  |
| CITY-ST-ZIP          | CORAL GABLES FL 3314  |                                    | December              | 1.4 CITY-S                 | ST - 21P          |   | ·                                      |                  |             |            |  |
| TITLE                |   | L                                  | DELETE                | 2.1 TITLE                  |                   |   |  |                  | Change      | Addition   |  |
| NAME                 |   |                                    |                       | 2.2 NAME                   |                   |   |  |                  |             | ľ          |  |
| STREET ADDRESS       |   |                                    | I                     | 2.3 STREET                 |                   |   |  |                  |             |            |  |
| CITY-ST-ZIP          |   | · <del></del>                      | DELETE                | 2. 4 C(TY - )              | ST-ZIP            |   |  |                  | °honoa      | Addition   |  |
| TITLE<br>NAME        |   | L                                  | J DECENT              | 3.1 TITLE                  |                   |   |  |                  | Change      | Addition   |  |
|                      |   |                                    |                       | 3.2 NAME                   | 4000000           |   |  |                  |             |            |  |
| STREET ADDRESS       |   |                                    |                       | 3.3 STREET                 |                   |   |  |                  |             |            |  |
| CITY-ST-ZIP<br>TITLE |   |                                    | DELETE                | 3.4. CITY - 5<br>4.1 TITLE | 51-ZIP            |   |  | <b>-</b>         | Change      | Addition   |  |
| NAME                 | •   | <u> </u>                           | 3.00.1                | 4. 2 NAME                  |                   |   |  | , L              | - will      |            |  |
| STREET ADDRESS       |   |                                    |                       | 4.3 STREET                 | ADDRESS           |   |  |                  |             |            |  |
| CITY-ST-ZIP          |   |                                    |                       | 4.4 CITY-S                 | 1                 |   |  |                  |             |            |  |
| TITLE                |   |                                    | DELETÉ                | 5.1 TITLE                  | 1-611             |   |  | Πi               | Change      | Addition   |  |
| NAME                 |   | -                                  |                       | 5.2 NAME                   |                   |   |  | <b>.</b>         |             |            |  |
| STREET ADDRESS       |   |                                    |                       | 5.3 STREET                 | ADDRESS           |   |  |                  |             |            |  |
| CITY-ST-ZIP          |   |                                    |                       | 54 CITY-S                  |                   |   |  |                  |             |            |  |
| TITLE                |   |                                    | DELETE                | 61 TITLE                   | n - £11           |   |  | П                | Change      | Addition   |  |
| NAME                 |   | _                                  | -                     | 62 NAME                    |                   |   |  |                  |             |            |  |
| STREET ADDRESS       |   |                                    |                       | 63 STREET                  | ADDRESS           |   |  |                  |             |            |  |
| CITY-ST-ZIP          |   |                                    |                       | 6.4 CITY-S                 |                   |   |  |                  |             |            |  |
|                      |   |                                    |                       |                            |                   |   |  |                  |             |            |  |

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 together 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.