

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations
Tallahassee, Florida

APPROVED
AND
FILED

95 APR 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008335

AMERICAN INDIAN, INC.

21	28	29	30
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9. Name and Address of Current Registered Agent			
AMKGS REGISTERED AGENTS, INC. 1980 SunBank International Center One S.E. Third Avenue Miami, Florida 33131			

7000001469967
-05/01/95--01087-002
****200.00 ****200.00

(Please write in this space)

3. Date of Report of Officers 3a. Date of Last Report

February 2, 1994

4. FTE Number	Applied For	
65-0468365	Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Political Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under § 199.032. Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent		
81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	
84	City	85 Zip Code

11. Pursuant to the provisions of Sections 601, 602, 603 and 604, 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 resign the appointment as registered agent. I am familiar with and accept the stipulations of Section 604, Florida Statutes.

CHANGES

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D. P. S Jaime Echeverry 2180 Brickell Ave., Apt. 8 Miami, FL 33129	1. Officer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		27. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		29. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		30. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, do solemnly swear that the foregoing information is true and accurate to the best of my knowledge, belief and opinion; that the signature shall bear the name of officer or director of this corporation; that the signature is given in the presence of the notary or trustee officer appointed to receive the report as required by Chapter 601, Florida Statutes; and that my entire affidavit is true and correct to the best of my knowledge, belief and opinion, without any omissions.

SIGNATURE:

John Echeverry

BORN, LIVED AND RESIDED OR RESIDES NAME OF SIGNING OFFICER OR DIRECTOR

APR 14 (305) 569 9363

4/27/95 MS