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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000032883 (8)

1. Corporation Name

AMERICAS CONFERENCE CORPORATION



Principal Place of Business

Mailing Address

501 BRICKELL KEY DR
SUITE 200
MIAMI FL 33131

501 BRICKELL KEY DR
SUITE 200
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1994

4. FEI Number

65-0499835

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 501 Brickell Key Drive

Suite, Apt. #, etc.

22 Suite 602

City & State

23 Miami, FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 501 Brickell Key Drive

Suite, Apt. #, etc.

27 Suite 602

City & State

28 Miami, Florida

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

NATIONAL REGISTERED AGENTS INC
701 BRICKELL AVE
STE 1800
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name NATIONAL REGISTERED AGENTS INC.

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

501 Brickell Key Drive

83 Suite 602

84 City Miami,

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1603, 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

Dr. Turner 4/15/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME WHISENAND, JAMES D
STREET ADDRESS 701 BRICKELL AVE STE 1800
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME TURNER, LAWRENCE O.
STREET ADDRESS 701 BRICKELL AVE STE 1800
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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME WHISENAND, JAMES D.
1.3 STREET ADDRESS 501 Brickell Key Drive, STE602
1.4 CITY-ST-ZIP Miami, FL 33131

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME TURNER, LAWRENCE O.
2.3 STREET ADDRESS 501 Brickell Key Drive, STE602
2.4 CITY-ST-ZIP Miami, FL 33131

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

CR2E034 (10/97)