

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

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
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DOCUMENT # P94000032883 (8)
1. Corporation Name
AMERICAS CONFERENCE CORPORATION



Principal Place of Business 501 BRICKELL KEY DR SUITE 200 MIAMI FL 33131	Mailing Address 501 BRICKELL KEY DR SUITE 200 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 501 Brickell Key Drive Suite, Apt. #, etc. 22 Suite 602 City & State 23 Miami, FL Zip 24 33131		2a. Mailing Address 26 501 Brickell Key Drive Suite, Apt. #, etc. 27 Suite 602 City & State 28 Miami, Florida Zip 29 33131		3. Date Incorporated or Qualified 04/28/1994	
		4. FEI Number 65-0499835		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

g. 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,		85 Zip Code FL 33131	

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ DATE **4/15/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHISENAND, JAMES D			1.2 NAME	WHISENAND, JAMES D.		
STREET ADDRESS	701 BRICKELL AVE STE 1800			1.3 STREET ADDRESS	501 Brickell Key Drive, STE602		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Miami, FL 33131		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNER, LAWRENCE O.			2.2 NAME	TURNER, LAWRENCE O.		
STREET ADDRESS	701 BRICKELL AVE STE 1800			2.3 STREET ADDRESS	501 Brickell Key Drive, STE602		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Miami, FL 33131		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)