

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

FILED
May 11 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 # P94000039470 (7)

1. Corporation Name
AE LATINOAMERICA INC.

Principal Place of Business

**8187 NW 71 ST
MIAMI FL 33166-2341**

Mailing Address

**777 E EISENHOWER PKWY
SUITE 600
ANN ARBOR MI 48108**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/20/1994	
4. FEI Number 65-0536529		Applied For <input type="checkbox"/> 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 type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WASHBISH, JOHN R.		1.2 NAME				
STREET ADDRESS	325 E. EISENHOWER PKWY, STE 600		1.3 STREET ADDRESS				
CITY-ST-ZIP	ANN ARBOR MI		1.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	HEPWORTH, C J		2.2 NAME	JOSE R. SERA			
STREET ADDRESS	477 DISTRIBUTION PKWY		2.3 STREET ADDRESS	477 DISTRIBUTION PKWY			
CITY-ST-ZIP	COLLIERVILLE TN		2.4 CITY-ST-ZIP	COLLIERVILLE, TN			
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KELLER, JAMES D.		3.2 NAME				
STREET ADDRESS	777 E. EISENHOWER PKWY, STE 600		3.3 STREET ADDRESS				
CITY-ST-ZIP	ANN ARBOR MI		3.4 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	BROWN, DONNA L.		4.2 NAME	SHARON A. SEARS			
STREET ADDRESS	777 E. EISENHOWER PKWY, STE 600		4.3 STREET ADDRESS	777 E. EISENHOWER PKWY, SUITE 600			
CITY-ST-ZIP	ANN ARBOR MI		4.4 CITY-ST-ZIP	ANN ARBOR, MI 481			
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KORZUCK, MICHAEL		5.2 NAME				
STREET ADDRESS	477 DISTRIBUTION PKWY		5.3 STREET ADDRESS				
CITY-ST-ZIP	COLLIERVILLE TN		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.

SIGNATURE: Sharon A. Sears 4-21-98 724/443-1749

CR2E034 (10/97)