

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

FILED

Apr 21 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P94000047065 (5)

1. Corporation Name
AMERICONNECT, INC.



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| Principal Place of Business 7945 EAST DRIVE #207 NORTH BAY VILLAGE FL 33141 | Mailing Address 7945 EAST DRIVE #207 NORTH BAY VILLAGE FL 33141-3304 |
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| 3. Date Incorporated or Qualified 06/17/1994 | 3a. Date of Last Report 06/17/1996 |
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| 2. Principal Place of Business 21 835 82nd Street Suite, Apt. #, etc. # 3 City & State Miami Beach, FL Zip 33141 Country Dade | 2a. Mailing Address 26 835 82nd Street Suite, Apt. #, etc. # 3 City & State Miami Beach, FL Zip 33141 Country Dade | 4. FEI Number 65-0547390 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent EIERS, ROGERS 7945 EAST DRIVE #207 NORTH BAY VILLAGE FL 33141 | 10. Name and Address of New Registered Agent 81 Name Frode M. Wells 82 Street Address (P.O. Box Number is Not Acceptable) 835 82nd Street # 3 83 84 City Miami Beach FL 85 Zip Code 33141 |
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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 *Frode M. Wells* **FRODE M. WELLS**, V, 4/9-97
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 | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EIERS, ROGER | 1.2 NAME | Wells, Frode M. |
| STREET ADDRESS | 7945 EAST DRIVE #207 | 1.3 STREET ADDRESS | 835 82nd Street # 3 |
| CITY-ST-ZIP | NORTH BAY VILLAGE FL 33141 | 1.4 CITY-ST-ZIP | Miami Beach, FL 33141 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| 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 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 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: *Roger Eiers* **Roger Eiers**, 4-9-97 (305) 757-1095

CR2E034 (9/96)