200 UNIFORM BUSINESS REPORT (UBR)					FILED Apr 21, 2002 8:00 am Secretary of State 04-21-2002 90912 019 ***150.00		
DOCUMENT # P9400006 . 351  1. Entity Name  AMERICAN INTERNATIONAL BUSINESS DEVELOPMENT, INC							
Principal Plac	ce of Business	Mailing Address		<u> </u>			
7699 S.W. 118 MIAMI FL 331	TH STREET	7699 S.W. 118TH STREET MIAMI FL 33156-4574			831631		ı
Principal Place of Business     3. Mailing Address							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Sta	te	City & State		4. FEI Number 65-0517744	<del></del>	lied For Applicable	
Zip Country		Zíp	Country		5. Certificate of Status Desired	S8.75 Addit Fee Required	
769 MIA	6. Name and Address of Current  ONGTRUATROKE, PRAKEB  9 S.W. 118TH STREET  MI FL 33156			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  L  Zip Code  ed office or registered agent, or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent a			Gent signature require		DATE	·.
Tax filing ( See crite	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW III FEET  After MAY 1, 2000 Fee y Make Check Payable to De		III be \$550.00	CHRICKET	Added to	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLONGTRUATROKE, PRAKEB 7699 S.W. 118TH ST. MIAMI FL 33/5/6	DIRECTORS Detete	12. TITLE NAME STREET CITY-S	ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFFICE		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VENA KLO	NGTRUATROKE			188	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		ongtruatroke rul State		May Date	<u>CG [4, 200] <sup>65-476</sup>510</u> <b>\$</b> 150—	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Floridg Departm Pay to the Order of I One I		OUIC		Dollars   1	☐ Change	Addition

13. 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 report or supplemental 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 truling employers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an appears in Block 11 or Block 12 if

STREET ADDRESS

CITY-ST-ZIP

2995363450° 0188

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

CITIBANK FS.B. 510.
1190 S. DONIE HAY.
CORAL GABLES, FL 33144
1600.374-9900

CO YOOMA ON A MMUAL FCC.

Addition

Addition

Change

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