FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000076455 (2)**

1. Corporation Name

AMERICAN INTERNATIONAL MARKETING GROUP, INC.

Principal Place of Business

9579 NORTHWEST 53 STREET
SUNRISE FL 33351

Mailing Address

9579 NORTHWEST 53 STREET
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1994

3a. Date of Last Report: N/A

2. Principal Place of Business
21 P.O. BOX 26251
22 Suite, Apt. #, etc.
23 City & State: FT. LAUDERDALE, FL
24 Zip: 33320-6251 25 County: USA

2a. Mailing Address
26 P.O. BOX 26251
27 Suite, Apt. #, etc.
28 City & State: FT LAUDERDALE FL
29 Zip: 33320-6251 30 County: USA

4. FEI Number: 65-0528066 — 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. The corporation has elected to be governed by Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: LOUIS A. RAMOS
82 Street Address (P.O. Box Number is Not Acceptable): 9579 NW 53RD ST
83
84 City: SUNRISE FL 85 Zip Code: 33351

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: L. Ramos — 4-23-95 (DATE)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P NAME: RAMOS, LUIS A STREET ADDRESS: 9579 NORTHWEST 53 STREET CITY-ST-ZIP: SUNRISE FL 33351	1 TITLE ☐ Change ☐ Addition 1 NAME 1 STREET ADDRESS 1 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 TITLE ☐ Change ☐ Addition 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 TITLE ☐ Change ☐ Addition 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 TITLE ☐ Change ☐ Addition 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 TITLE ☐ Change ☐ Addition 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6 TITLE ☐ Change ☐ Addition 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP

14. I declare (or certify, verify or affirm) that the information contained with this filing is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: L. Ramos — 4-23-95 — (305) 735-6473

SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — (Date) — (Daytime Phone #)

0240104 CP