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FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000076455 (2)

1. Corporation Name

AMERICAN INTERNATIONAL MARKETING GROUP, INC.

Principal Place of Business

P O BOX 26251  
FT LAUDERDALE FL 33320-6251  
US

Mailing Address

P O BOX 26251  
FT LAUDERDALE FL 33320-6251  
US

3. Date Incorporated or Qualified  
10/18/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 2795 NE 164TH ST

Suite, Apt. #, etc.

22

City & State

23 N. MIAMI BEACH, FL

Zip

24 33160-4043

Country

25

2a. Mailing Address

26 2795 NE 164TH ST

Suite, Apt. #, etc.

27

City & State

28 N. MIAMI BEACH, FL

Zip

29 33160-4043

Country

30

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. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

RAMOS, LOUIS A  
9579 NW 53RD ST  
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

2795 NE 164TH ST

83

84 City N. MIAMI BEACH

FL

85 Zip Code 33160

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. A. RAMOS - PRESIDENT

4-23-97

(Signature, type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME RAMOS, LUIS A  
STREET ADDRESS 9579 NORTHWEST 53 STREET  
CITY-ST-ZIP SUNRISE FL 33351

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME RAMOS, LUIS A  
1.3 STREET ADDRESS 2795 NE 164TH ST  
1.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33160

☒ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

L. A. RAMOS - PRESIDENT

4-23-97

(305) 945-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0293463

CR2E034 (9/96)