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APPROVED AND FILED
1995 MAY -1 PM 2:05
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name: AMERICAN WORKS, CORP

DOCUMENT # P94000082104

Mailing Address: 245 SE 1ST ST Suite 241 MIAMI FL 33131

Principal Place of Business: 245 SE 1ST ST Suite 241 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address (21)	2a. Principal Place of Business (26)	3. Date Incorporated or Qualified	3a. Date of Last Report
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)	4. FEI Number: 65-0532512	☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certificate of Status Desired: $8.75 ☐	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)	Zip (29) Country (30)	7. Nonprofit Exempt from $138.75 Supplemental Fee ☐	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PINHEIRO, MARIA DE LOURDES TAVARES
245 SE 1st ST Suite 241
MIAMI FL, 33131

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: [signature] MARIA DE LOURDES PRESIDENT DATE 04/28/95
(Appointed Agent Accepting Appointment) (Print Registered Agent Signature required when resigning)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	DP	
12 NAME	PINHEIRO, MARIA DE LOURDES T.	
13 STREET ADDRESS	245 SE 1ST ST Suite 241	800001492458
14 CITY-ST-ZIP	MIAMI, FL - 33131	-05/17/95--01178--022
21 TITLE		****200.00 ****200.00
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		SAD
62 NAME		
63 STREET ADDRESS		5-1-95
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I hereby release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property prescribed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 04/28/95 305-621-1
(SIGNATURE AND TYPED OR PRINTED NAME OF ANNUAL OFFICER OR DIRECTOR) (Date) (Phone Number)