FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996	

P94000082104 (8)

DOCUMENT # P94

1. Corporation Name

AMEDICAN WORKS CORP

AMERICAN WORKS, CORP.					
Principal Place of Business	Mailing Address				
245 S.E. 1ST ST., #241 Miami Fl 33131	245 S.E. 1ST ST #2 Miami Fl 33131	41			
MUMINICE COLO.				3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995	
2. Principal Place of Business	2a. Mailing Address		4. FE! Number 65-0532512		Applied For
n	26				Not Applicable 5 Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	7 7	Required
City & State		City & State		\$5.00 May Be	
3	28		Trust Fund Contribution		ed to Fees
Zip Country	<i>Z</i> (p	F 1		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes. Yes. DNo.	
4 25 25 Name and Address of	29 Current Registered Agent	<u> </u>	10. Name and Address of New		
5. (12/10 2/10 1/10 1/10 1/10 1/10 1/10 1/10		81 Name 11	ANADA CA	MPOS	
SANTOS, MAURO C ESO.		82 Strout Artd	ess (P.O. Box Num Vor is Not Accepted COLLINS AVE	ple) #042	0
25 S.E. 2ND AVE., #1235			O COLLING WAS	· 77 803-	<u> </u>
Miami FL 33131		83			
\cap		84 CityM 1	2111	FL 85 Z	33180
	07 0000 and 007 1508 Florida Statut	tes, the above named corpo	ration submits this statement for the po		registered offic
 Pursuant to the provisions of Sections 6 or registered agent, or both, in the State familiar with, and accept the obligations 	of Florida. A roll change was authorit	zed by the corporation's boa	Id di directora Thereta docora no or-	por terrorit to regions to	
familiar with, and accept the obligations	of, Siction 607.0505, Florida Statute	S.	\mathcal{C}	3/26/96	Ó
SIGNATURE Signature, typed or printed name of regis	several algorithan of title. Mapphiliarces (N	Oth Register d'Agent spiratoix in pré-	id whee term about	* Divit	
12. OFFIC	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTI	
TITLE P. D.	DELETE	1.11014		Change	☐ Worken
NAME IVANARA CAN	15 AVE. # 803-C	1.2 NAME			
STREET ADDRESS 19570 COLLIN		1.3 STREET ADDRESS 1.4 CHTY+ST-ZIP			
CITY-ST-ZIP HIAMI, FL 3	T DELETE	2 1 Hit		Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIF		2 4 Cli Y - ST - 712		☐ Change	e Addition
THILE	☐ DELETE	3 1 THILE			, Modulo I
NAME	•	3 2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY - ST - ZIP	DELETE	34 CHY - ST - ZP		Change	e 🔲 Addition
TITLE	Law 1	4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
C-TY-ST-ZIP		4.4 CHY - S1 - 7IF			Addison
TITLE	DEFETE	, 5 1 TITLE		Change	e 🔲 Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STHEET ADDRESS			
C(1Y - S1 - Z)F	DELE1E	6 1 TITLE		Chang	je 🔲 Addition
THEF	_ otter	62 NAME	5000017 -03/29/960	102715	
NAME STREET ADDRESS		63 STHEFT ADDRESS	~U3/23/36~~U ***200.00	102(018	J. 75
. ! ! ! !		6 4 CITY - 51 - ZIF			U.B.
CHY-ST-ZiF 14. I do hereby certify that the information certify that the information indicated broath, that I am an officer or directly of appears in Block 12 or Block 13 cha	supplied with this filing is voluntarily funts in this annual report or supplemental at the corporation or the receiver or trustaged, or on an attachment with an ac	mished and does not qualify	his report as required by Chapter 607,	19.07(3)(k), Florida Sta the same legal effect a , Florida Statutes; and	that my name

SIGNATURE:

LICENCIAL SOM HOS YER AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

03/26/96 (305) 377-4606