

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000001254**

1. Corporation Name

American Entrepreneur & Associates Corporation

Principal Place of Business

Mailing Address

**1414 Brickell Ave.
Miami, Fl 33131**

**1414 Brickell Ave
Miami, Fl 33131**

3. Date Incorporated or Qualified

3a. Date of Last Report

01/05/95

2. Principal Place of Business

2a. Mailing Address

21 1414 Brickell Ave

26 1414 Brickell Ave.

4. FEI Number

Applied For

65-0574845

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Miami, Fl

28 Miami, Fl

Zip

Country

Zip

Country

24 33131

25 Dade

29 33131

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Slošbergas, Nelson
520 Brickell Ave.
Miami, Fl 33131**

81 Name **Luiz C. Silva**

82 Street Address (P.O. Box Number is Not Acceptable)
1414 Brickell Ave

83

84 City **Miami**

FL

85 Zip Code
33131

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 607.0508, Florida Statutes.

SIGNATURE **LUIZ C. Silva-Director**

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature not required when reinstating)

Date

5/9/96

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **Silva, Luiz C**
STREET ADDRESS **1414 Brickell Ave.**
CITY-ST-ZIP **Miami, Fl 33131**

TITLE **D** ☐ DELETE

NAME **Ramos, Claudio**
STREET ADDRESS **1414 Brickell Ave**
CITY-ST-ZIP **Miami, Fl 33131**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

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

500001250845
-06/04/96--01163--001
*****233.75**

☐ Change ☐ Addition

6/4/96

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)(k), 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: **Luiz C. Silva**

Signature and typed or printed name of signing officer or director

5/9/96 (305) 594-4774

Date

Daytime Phone

CR2E034 (12/95)