SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

P95000011037 (5)

AMERICAS CORPORATION AMERICAS

Principal Place of Business Mailing Address							
	OAD. STE3 312 302 LES FL 33146		250 BIRD ROAD. STE. 202 302 CORAL GABLES FL 33146				
						3. Date Incorporated or Qualified 3a. Date of Last Report 02/06/1995	
2. Principal P	lace of Business	2a. Mailing Address 26				4. FET Number Applied For Not Applied by Not Applied For	
Suite, Apt.	#, etc	Suite, Apt #, etc				5, Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees	
Zιρ	Country	Zip	Country	γ	*****	This corporation has liability for intangible tax under s. 199.032,	
24	25		30			Florida Statutes Yes No	
	9. Name and Address of Curr	ent Registered Agent	81	т	h1	10. Name and Address of New Registered Agent	
Barone, Nathaniel L Jr.				'	Name		
250 BIRD ROAD, STE. 3412 302			82	: 1	Street Addres	s (P.O. Box Number is Not Acceptable)	
C	ORAL GABLES FL 33146		83	+-			
			84	(City	85 Zip Code	
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli	te of Florida. Such change was au	thorized by	the	anied corpor e corporation	ation submits this statement for the purpose of changing its registered is board of directors. Thereby accept the appointment as registered	
SIGNATURE	Signature type distribution and objects and a				s.griatute required	Wenner States	
12.	***************************************	ND DIRECTORS	13.	r: II a	arg rande required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	DELETE	3.13(1.6)	_		Change Addition	
NAMÉ	Nathaniel L. Barone, Jr.		1 2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS		ODRESS		
CITY - ST - ZIP	250 Bird Road, Su Coral Gables, Flo	rida 33146-1424	1.4 CITY ST-ZIP		ZIF		
TITLE		DELETE	2.1 TifLE			Change Addition	
NAME		2?		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		DRESS		
CITY - ST - ZIP			2 4 CITY - ST - ZIP		ZIP		
TITLE	DELETE 3		3 1 TITLE	3 T TITLE		Change Addition	
NAME			3 2 NAME				
STREET ADDRESS			3.3 STREE	(A)	ORESS		
CITY - ST - ZIP			34 CHY-ST-ZIP		ZIP		
TITLE		DELETE.	4 1 THILE			Change Addition	
NAME			4 2 NAME				
STREET ADDRESS			4.3.\$1866°	I ADI	IDRESS		
CITY - ST - ZIP		- I pourse	4 4 CITY - 5	SI-Z	ZIP		
TITLE		DELETE	5.1 DILE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5 3 STHEF				
CITY-ST-7IP				ITY - ST - ZIP			
Title :	_		6 1 11111	1		Change Addition	
NAME			6 2 NAME				
STREET ADDRESS			63 STREET		ł		
CITY-SI-ZiP	ow cort fu that the information even	and with this fil on is valuated by fure	6.4 CITY - S		1	for the exemption stated in Section 119.07(3)(x). Floods Statutes. I	

further certify that the information supplies whithin many is voluntarily furnished and does not quarry for the exemption stated in Section 119 07(3)(k). Florida Statistics 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/96 (305) 443.8868