


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Jan 21, 1999 8:00am**  
**Secretary of State**

01-21-1999 90040 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000043466</b>			
1. Corporation Name <b>AMERICAN INTERNATIONAL REAL ESTATE &amp; MANAGEMENT, INC.</b>			
Principal Place of Business <b>3367 W VINE ST SUITE 203 KISSIMMEE FL 34741 US</b>		Mailing Address <b>3367 W VINE ST SUITE 203 KISSIMMEE FL 34741 US</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MUSTAFA, WAFID</b> <b>1703 N. MAIN STREET</b> <b>SUITE C</b> <b>KISSIMMEE FL 34744</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<b>BRAZIER, ELIZABETH</b>	1.1 TITLE	Change Addition
STREET ADDRESS	<b>2330 INDIAN MOUND TRAIL</b>	1.2 NAME	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	1.3 STREET ADDRESS	
TITLE	D	1.4 CITY-ST-ZIP	
NAME	<b>NIEVES, GEORGE</b>	2.1 TITLE	Change Addition
STREET ADDRESS	<b>8651 WELLINGTON LOOP</b>	2.2 NAME	
CITY-ST-ZIP	<b>KISSIMMEE FL 34747</b>	2.3 STREET ADDRESS	
TITLE		2.4 CITY-ST-ZIP	
NAME		3.1 TITLE	Change Addition
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	Change Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	Change Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	Change Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP	

**SIGNATURE:** *[Signature]* **RE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)