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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000043466

AMERICAN INTERNATIONAL REAL ESTATE & MANAGEMENT, INC.

Principal Place of Business Mailing Address 3367 W VINE ST SUITE 203 3367 W VINE ST SHITE 203

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90040 050 ***150.00



KISSIMMEE FL 34741 KISSIMMEE FL 34741 US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/30/1995			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	TA	oplied For	
21		26				59-3316435	F	ot Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.						Additional	
22	,	27				5. Certifcate of Status Desired		equired	
City & Sta	ite	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country Zip			Country		8. This corporation owes the current year Inta			
24	25	29	30			1	Yes	□No	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered A	gent		
				81	Name				
MU:	STAFA, WAFID	ing elektrig i alah ilgi kartin di delah il		-	51	(DOD)			
1703 N. MAIN STREET				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
SUI	TE C			83				(1) 1 (1) (1)	
KIS:	SIMMEE FL 34744				Ĺ		da j		
				84	City	FL	85 Zip	Code	
44 Direccons	to the provisions of Sections 607.0	502 and 607 1509 Florida Sta	tutos the s	hove	nomed cor	poration submits this statement for the purpose of c	honoina ito	rogistored	
office or	registered agent, or both, in the Statement familiar with, and accept the obliging	le of Florida. Such change was gations of, Section 607.0505, F	authorized	d by utes.	the corporat	tion's board of directors. I hereby accept the appoint	lment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered a				 	red when reinstating) . DATE			
12.		AND DIRECTORS	13.	Agen	i signature requir	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTO	DP IN 12	
TITLE	D OTTIOERO,	DELETE	1,1 TF	ΠE		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
NAME	BRAZIER, ELIZABETH	<u> </u>	1.2 N/				unungo	(
-									
STREET ADDRESS	KISSIMMEE FL 34741				ADDRESS				
CITY-ST-ZIP	D NISSIMMEE PL 34741	DELETE		TY-SI	-ZiP		Change	☐ Addition	
TITLE	, -		2.1 TI		1		☐ Citalige	Addition	
NAME	NIEVES, GEORGE	·	2.2 N		1				
STREET ADDRESS			2.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34747			ITY-S	T- ZIP				
TITLE	1,45A W 1763	☐ DELETE	3,1 717				Change	Addition Addition	
NAME			3.2 N	AME.					
STREET ADDRESS	- 1 to 1		3,3 ST	REET	ADDRESS			A 31 10	
CITY-ST-ZIP	V 30 200 C V C m 1 20 27 V C		3.4. C	ITY-S	T-ZIP			1 (1 - 1 (1 (1))	
TITLE	The state of the s	DELETE	4,1 317	TLE			☑ Change ¹	Addition	
NAME WAR	RECOVERED FOR STREET		4.2 N	AME					
STREET ADDRESS		A CANADA	4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CF	TY-ST	ſ-ZIP				
TITLE.		☐ DELETE	5.1 TU	TLE		,	☐ Change	☐ Addition	
NAME]		5.2 NA	AME.		• •			
STREET ADDRESS			5.3 ST	REET	ADDRESS				
CITY-ST-ZIP	9		5,4 CF	TY-ST	7-ZIP				
TITLE	BRAZILI TULLULT.	DELETE	6.1 TI	n.E			☐ Change	Addition	
NAME	2010 1 2014 P. F. A. C.		6.2 NA	MÉ					
STREET ADDRESS	TESTER STATE				ADDRESS				
CITY ST. 7IP	9 1		6.4 CF						
OICT-ST-ZIP **			= 0.7 CI						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

9312755

CR2E034 (11/98)