


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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P95000047175</i> 1. Corporation Name A.I.M. INDUSTRIES, INC.			
Principal Place of Business		Mailing Address	

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 10925 NW 27th St.		26 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Suite 102		27 City & State		65-0587798		Not Applicable	
23 Miami, Fl.		28 Zip		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33172		29 Country		6. Election Campaign Financing		<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Hartog, Albert G 709 E. Colonial Dr. Orlando, Fl. 32803				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sonia Bollar 10925 NW 27th Street, Suite 102 Miami, Fl. 33172			
2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition 200002169542 -05/07/97--01059--059 ***165.00			

14. I do 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 a director 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 on Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: *Sonia Bollar* SONIA BOLLAR 4/26/97 (305) 392-5553
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)