

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000057993 (4)

1. Corporation Name:

AMERICORP ENTERPRISES, INC.

Principal Place of Business:

9100 S DADELAND BLVD
SUITE 1400
MIAMI FL 33156
US

Mailing Address:

9100 SOUTH DADELAND BLVD
SUITE 1400
MIAMI FL 33156
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State:

23 Zip Country

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State:

28 Zip Country

3. Date Incorporated or Qualified:

07/27/1995

4. FEI Number:

65-0602238

Applied For
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 owes or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BOULEVARD
1800 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name:

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

83

84 City:

FL 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
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE

(Signature type the print name of registered agent and the applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DCT	UGARTE, ENRIQUE	6280 SOUTH WEST 102ND STREET	MIAMI FL	<input type="checkbox"/>
PS	SMITH, WARD	7460 SW 165 TERRACE	MIAMI FL	<input type="checkbox"/>
V	UGARTE, PAMELA	6280 SW 102ND STREET	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
11				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 or changed, or on an attachment with an address

SIGNATURE:

E. WARD SMITH

4/15/98 (305) 670-0090

CR2E034 (10/97)