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PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

P95000088962 (2)

AME	RICA NEW BUSINESS CO	JRP.		 	aan aan aan	   1818  18118   18118   11118
Principal Place	of Business	Mailing Address				
501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131		501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131				
		WITHIN 1 C 30131		3. Date Incorporated or Qualified	3a. Date	of Last Report
2. Principal Pl	age of Business	200 Martine Add		11/20/1995		.,
7 25 S	.E. 2nd Avenue	_2a. Mailing Address	•	4. FEI Number	<u> </u>	pplied For
Sui. Apt.	#, etc.	Suite, Apt. #, ~				Not Applica
<u> </u>	e 1139	27		<ol><li>Certificate of Status Desired</li></ol>		\$8.75 Additional
City & State  Miam	i, Florida	City & State		6. Election Campaign Financing		Fee Required
Žip	Country	28		Trust Fund Contribution		\$5.00 May Be Added to Fees
3313	h	Ζφ <b>2</b> ¢	Country	8. This corporation has liability for	intangible ta	x under s 199.032,
	9. Name and Address of Curre	ent Registered Agent	30	Florida Statutes Yes	s ∏No	
			81 Name	10. Name and Address of New F	Registered /	Agent
SLOSE	Bergas, Nelson					
501 BF	RICKELL KEY DRIVE		82 Stront And	dropp /D ()	1 1	
SUITE			83	<u></u>		
" MIAMI	FL 33131		[]			
:			84 City			85 7 0-4
្វា. Pursuant to	the provisions of Sections 607 050	VI 11 200 250 2	<u>L</u>		FL	""
		🖊 and 607,1508. Horida Statu	ites the above paged over	continue de la contin		
or registere familiar with	ed agent, or both, in the State of Floren, and accept the obligations of Sec	rida. Such change was authori	ites, the above-named corporation's bo	oration submits this statement for the pur and of directors. Thereby accept the appr	rpose of char	nging its registered of
or registere familiar with	ed agent, or both, in the State of Flor o, and accept the obligations of, Sec	22 and 607,1508, Horida Statu rida. Such change was authori ction 607,0505, Florida Statute	ites, the above-named corporation's books.	oration submits this statement for the pur and of directors. I hereby accept the appo	rpose of char ointment as r	nging its registered of registered agent. I am
IGNATURE					rpose of char ointment as r	nging its registered off registered agent. I am
IGNATURES	Skyrature, typed or profited name of registered ager OFFICERS AN		IOTE: Registered Agent signature requir	red when reinstanny	DATE	
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SIGNATURE: SIGNATURE AND YPED OR PRINTED NAME OF SIGNING: OFFICER OF DIRECTOR SIGNATURE 4130/96 (305) 374-00

CR2E034 (12/95)