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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089232 (9)

AMERICAN EQUITY PARTNERS NO. 7, INC.

APPROVED AND

98 APR 24 PM 12: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA



| Principal Place of Business Mailing Address | | r seembou ma peran pinin dasin danin adian adian 19140 (840 1616) likid 1161 1261 | | | |
|--|--------------------------|--|--|---|----------------------|
| 2300 CORAL WAY 2300 CORAL WAY | | | | | |
| SUITE 200 | | SUITE 200 | | | |
| MIAM! FL 33145 | | MIAMI FL 33145 | | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified 11/21/1995 | |
| | lace of Business | 2s. Mailing Address | | 4. FEI Number | Applied For |
| 21 2300 CORAL WAY | | 26 2300 CORAL WAY | | <u>65-064</u> 0771 | Not Applicable |
| } | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| | | 27 SUITE # 200 | | of continues of charas bosines 223 | Fee Required |
| City & State | 7 .i | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 MIAM: Zip | I, FLORIDA | 28 MIAMI, FLORIDA | | Trust Fund Contribution | Added to Fees |
| ⊢ ` | Country | Zip | Country | 6. This corporation owes or has paid the curr | |
| 24 3314 | 5 25 U.S. | | o u s. | | J Yes ☐ No |
| 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FIORIDA ANNIIAI REPORT SERVICES INC. 81 Name | | | | | |
| FLORIDA ANNUAL REPORT SERVICES, INC. | | | | | |
| 2300 CORAL WAY | | | 62 Street Address (P.O. Box Municipal Not Proposition 3721 — 8 | | |
| SUITE 200 | | | 83 -04/28/9801107005 | | |
| MIAMI FL 33145 | | | 53 | ****150.00 | ****150.00 |
| | | \bigcirc | 84 City | FL | 85 Zip Code |
| 11. Pureuant to the provisions of Sections 607,0507 and 607,508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of control of the provision of the purpose of changing its registered agent. I hereby accept the appointment as registered agent, am purpose of the appointment as registered agent, am purpose of the appointment as registered agent. | | | | | |
| office or registered attent, or troth, up the State of Provide. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am through with a directors of Section 607 0505. Florida Statutes | | | | | |
| SIGNATURE AMADA CANTERA LOPEZ/PRES. | | | | | |
| Signate vives to provide the providence of the state of t | | | | | |
| 12. | OF LICERS AND I | · · · · · · · · · · · · · · · · · · · | 13. | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 12 |
| TITLE | PD SHOWELLO OFFI | ☐ DELETE | 1.1 TITLE | P/D/BUCKREUS GERTI | X Change Addition |
| NAME | BUCKREUS, GERTI | | 1.2 NAME | 1717 N.BAYSHORE DRIVE, SUITE | # 114 |
| STREET ADDRESS | 2300 CORAL WAY SUITE 201 | | 1.3 STHEET ADDRESS | MIAMI FLORIDA 33132 | " |
| CITY-ST-ZIP | MIAMI FL 33145 | | 1.4 CITY - ST - ZIP | | |
| TITLE # | V | ☐ DELETE | 2.1 TITLE | 100002503 04/8/980 | Change Addition |
| NAME | LOPEZ-CANTERA, AMADA | | 2.2 NAME | -04/28/38n | บทั่?≕ำกกล "" |
| STREET ADDRESS | 2300 CORAL WAY SUITE 201 | | 2.3 STREET ADDRESS | ******8.75 | *****8.75 |
| CITY-ST-ZIP | MIAMI FL 33145 | · · · · · · · · · · · · · · · · · · · | 2.4 Ci1Y - ST - ZIP | | |
| TITLE | S CADTAVA LIDIA | DEFELE | 3.1 TITLE | S/CARTAYA LIDIA | 🛂 Change 🔲 Addition |
| NAME | CARTAYA, LIDIA | | 3.2 NAME | 1717 N.BAYSHORE DRIVE, SUITE | # 114 |
| STREET ADDRESS | 2300 CORAL WAY SUITE 102 | | 3.3 STREET ADDRESS | MIAMI FLORIDA 33132 | |
| CITY-ST-ZIP | MIAMI FL 33145 | The state of the s | 34. CITY-ST-ZIP | | |
| TITLE | | DELETE | 41 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | Decemen | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME Street Language | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 1 h. 1/1 1 | |
| CITY-ST-ZIP | | Drutte | 5.4 CITY - ST - ZIP | 14/W/ , | |
| TITLE | | ☐ DELETE | 6.1 TITLE | P_{i} , I_{i} | Change Addition |
| NAME | | | 6.2 NAME | •- | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CHY-ST-ZIP | | |

14. Thereby 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 in address.

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