

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089232

1. Entity Name

AMERICAN EQUITY PARTNERS NO. 7, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90334 001 ***150.00
 05-06-2000 90334 002 *****8.75

Principal Place of Business	Mailing Address
1717 N BAYSHORE DR STE 114 MIAMI FL 33132	1717 N BAYSHORE DR STE 114 MIAMI FL 33132-1196

2. Principal Place of Business	3. Mailing Address
1717 N. Bayshore Dr.	1717 N. Bayshore Dr.
Suite, Apt. #, etc	Suite, Apt. #, etc
Suite 208	Suite 208

City & State	City & State
Miami, FL	Miami, FL
Zip	Zip
33132	33132
Country	Country
USA	USA

4. FEI Number	Applied For
65-0640771	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent

S & K PROPERTY MANAGEMENT INC
 1717 N BAYSHORE DR
 STE 114
 MIAMI FL 33132

7. Name and Address of New Registered Agent

Name
 S&K Propeprty-Management, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 1717 North Bayshore, Dr.
 Suite 208
 City Miami FL Zip Code FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Lidia Cartaya 4/27/00 Lidia Cartaya, Vice President
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUCKREUS, GERTI	
STREET ADDRESS	1717 N BAYSHORE DR, SUITE 114	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	SV	<input type="checkbox"/> Delete
NAME	CARTAYA, LIDIA	
STREET ADDRESS	1717 N BAYSHORE DR, SUITE 114	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buckreus, Gerti	
STREET ADDRESS	1717 N. Bayshore Dr., Suite 208	
CITY-ST-ZIP	Miami, FL 33132	
TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cartaya, Lidia	
STREET ADDRESS	1717 N. Bayshore Dr., Suite 208	
CITY-ST-ZIP	Miami, FL 33132	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lidia Cartaya Vice President 4/27/00 305 577-3885
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/99)