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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P95000089558 (7)

1. Corporation Name
A-MERICAN VENTURES II, INC.

Principal Place of Business
~~2608 NE 11TH CT~~
FT LAUDERDALE FL 33304

Mailing Address
~~2608 NE 11TH CT~~
FT LAUDERDALE FL 33304-4504

3. Date Incorporated or Qualified: 11/20/1995
3a. Date of Last Report: 03/21/1996
4. FEI Number: ~~APPLIED FOR~~ 65-0643223 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 2985 N. Ocean Blvd
Suite, Apt. #, etc.
22
City & State
23 Fort Lauderdale, FL
Zip 24 33308 Country 25 US

2a. Mailing Address
26 2985 N. Ocean Blvd.
Suite, Apt. #, etc.
27
City & State
28 Fort Lauderdale, FL
Zip 29 33308 Country 30 US

9. **Name and Address of Current Registered Agent**
SQUIRE, STEVEN F
500 NE THIRD AVE
FT LAUDERDALE FL 33301

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 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 ____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TELLES, GEORGE E.		1.2 NAME	
STREET ADDRESS	260 NW 47TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PACY, JON M		2.2 NAME	
STREET ADDRESS	2608 NE 11TH CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33304		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDS, PETER J		3.2 NAME	
STREET ADDRESS	777 BAYSHORE DR #PH-3		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33304		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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 an address.

SIGNATURE: Peter Richards PETER RICHARDS — March 14th 1997 — (954) 561-9398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0261056