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

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038065 (4)

AMERAM CORP.

**FILED** Mar 18 1998 8:00am Secretary of State

rincipal Place of Business	Mailing Address				1 intings lie land filli atte obis delli fai	
815 NE 124TH ST I Miami Fl 33181 Is	1815 NE 124TH ST N MIAMI FL 33181 US				DO NOT WRITE IN	THIS SP
•					3. Date Incorporated or Qualified 05/01/1996	
Principal Place of Business	2a. Mailing Address				4. FEI Number	Appled for
	26				65-0667551	Manual Ma
Suite, Apt. #, etc.	Suite, Apt. #, etc.	¬ ' '		6. Certificate of Status Desired	A second	
City & State	City & State	•			6. Election Campaign Financing Trust Fund Contribution	
Zip Country 25	Z(p	Country 30			This corporation owes or has paid the Personal Property Tax due June 30.	He be to the state of the state
9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Regist	10:15 mails and the same
APPELROUTH, STEWART L			61	Name		
999 PONCE DE LEON BLVD. SUITE 625			82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			83			
			84	City		FLHAVI

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of coffice 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 appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE						
pronti troite	Signature, typed or printed name of registered agent and trie if applic	able (NOTE B		required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	
TITLE	PD	DELETE	1.1 TITLE	<b>`</b>	CT CONTAIN	A COURT
HAME	QUINN, TINA		1.2 NAME			
STREET ADDRESS	7905 E. DRIVE #16A		1.3 STREET ADDRESS		. 1	
CITY - ST - ZIP	N BAY VILLAGE FL 33141		1.4 CITY-ST-ZIP			
TITLE	SD	☐ DELETE	21 TITLE		Change 7	Accilion
NAME	QUINN, THERESA		2.2 NAME	•	, 44*- F.	
STREET ADDRESS	7905 E. DRIVE #16A		2.3 STREET ADDRESS			
CITY - ST - ZIP	N BAY VILLAGE FL 33141		2.4 CITY-ST-ZIP	:	300,00	
TITLE	TREASURER -	DELETE	3.1 TITLE	TERACUETOR	Change	
NAME	BUSHIN WILLIAM		3.2 NAME	QUINA WILLIAM	7.1	Yme
STREET ADDRESS	DUINN WILLIAM 7905 E. DIZIVE. 16A N BAY VLG FL 33141		3.3 STREET ADDRESS	QUINA William 1965 EAST DE. 16A	A company	
CITY-ST-ZIP	N BAY VLG FL 33141		3 4. CITY+ST-ZIP	M. BAY VILLAGE AL 33144		1110
TITLE		☐ DELETE	4.1 TITLE			Addition
NAME			4. 2 NAME			V
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-S1-ZIP			4.4 CITY+ST+ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			l
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			

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 an address.