

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

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May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000050746 (2)  
1. Corporation Name  
AMERICAN INTERNATIONAL REALTY MORTGAGE, INC. LTD

Principal Place of Business 7223 A W HILLSBOROUGH AVE TAMPA FL 33634 US	Mailing Address 7223A WEST HILLSBOROUGH AVE TAMPA FL 33634 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4014 GUNN Highway Suite, Apt. #, etc. 22 suite 275 City & State 23 Tampa, Florida Zip 24 33624 Country 25 Hillsborough		2a. Mailing Address 26 9009 Tudor Dr. Suite, Apt. #, etc. 27 G 106 City & State 28 Tampa, Florida Zip 29 33615 Country 30 Hillsborough		3. Date Incorporated or Qualified 06/01/1996	
4. FEI Number 59-3383997		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent FELICIANO, MIGUEL A 9203 TUDOR DR SUITE N 201 TAMPA FL 33615-3724	
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9009 TUDOR DR. 83 G-106 84 City FL 85 Zip Code 33615-3774					

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	1.1 TITLE	
NAME	FELICIANO, MIGUEL A	1.2 NAME	
STREET ADDRESS	9203 TUDOR DR SUITE N 201	1.3 STREET ADDRESS	9009 Tudor Dr., G-106
CITY-ST-ZIP	TAMPA FL 74	1.4 CITY-ST-ZIP	Tampa, FL. 33615-3774
TITLE	D	2.1 TITLE	
NAME	FELICIANO, GINA B	2.2 NAME	
STREET ADDRESS	9203 TUDOR DR SUITE N 201	2.3 STREET ADDRESS	9009 Tudor Dr., G-106
CITY-ST-ZIP	TAMPA FL 74	2.4 CITY-ST-ZIP	Tampa, FL. 33615-3774
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Miguel Feliciano

4/15/98 (813) 887-5915

CR2E034 (10/97)