

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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. McArthur Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # **P960000684795**
1. Corporation Name
AMERICAN INTERNATIONAL ENTERPRISES, INC

Principal Place of Business Mailing Address
**7410 S US 1 SUITE 304
PORT ST. LUCIE, FL. 34952**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified OCT. 11, 1996		3a. Date of Last Report N/A	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0698546		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25	Country	30	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DARLENE HARRIS 1550 SE CLEARMONT PORT ST. LUCIE FL 34983				81	Name DARLENE HARRIS		
				82	Street Address (P.O. Box Number is Not Acceptable) 1550 SE CLEARMONT ST		
				83			
				84	City PORT ST LUCIE	85	Zip Code FL 34983

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 **Darlene Harris**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

3/28/97
Date

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Eileen Freedman <input type="checkbox"/> DELETE			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	2999 SW Van Buren Terrace			1.2 NAME			
STREET ADDRESS	Port St. Lucie, FL 34953			1.3 STREET ADDRESS			
CITY-ST-ZIP	Vice President			1.4 CITY-ST-ZIP			
TITLE	Darlene Harris <input type="checkbox"/> DELETE			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	9653 Granada Court			2.2 NAME			
STREET ADDRESS	Palm City, FL 34990			2.3 STREET ADDRESS			
CITY-ST-ZIP	PRESIDENT			2.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: **Darlene Harris**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/97
Date

4497
Daytime Phone #

CR2E034 (9/96)