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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000025533 (5)

AMERICAN MARKET ENTERPRISE, INC.

Principal Place of Business

Mailing Address

## FILED May 27 1998 8:00am Secretary of State



7510 S.W. 105 PLACE 7510 S.W. 105 PLACE MIAMI FL 33173 MIAMI FL 33173			DO NOT WRITE	E IN THIS SPACE	
				3. Date Incorporated or Qualified	E IIV THIS SPACE
2. Principal P	Place of Business	2a. Mailing Address		03/21/1997 4. FEI Number	Applied For
21 1295	4_SW 1336 CT	26 17954 60	U 13300 (	1 65-0747073	Not Applicable
Suite, Apt.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City 💃 Ştat	. 7. 22.0/.	City & State	FL	6. Election Campaign Financing	\$5.00 May Be
23 HIA	Country	Zip // AMI	Country	Trust Fund Contribution	Added to Fees
24 3318			30 DADE	This corporation owes or has parents     Personal Property Tax due June	
	9. Name and Address of Current			.10. Name and Address of New Ro	
SIBLEY, CHARLES J SI Name JORGE VILLET					
- 19	25 Brickell ave.		82 Street Ad	Idress (P.O. Box Number is Not Accepta	bje)
	207	\		7510 SW 105th	LACE
MI	AMI FL 33129	\	83		
	ı \		· 84 City	Hiami	FL 85 Zip Code 33173
11. Pursuant to the provisions of Section, 607,0502 and 607,1508, Floride 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 Lorida 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 abligations of, Section 607.0505, Florida Statutes.					
SIGNATURE SIGNATURE					
Signature, typed or prestud name of riginal read agont and tele if applicable (NOTE Registered Agont signature required when reinstating) DATE					
12.	OFFICE RS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	D OTHER CHARLES	DELETE	1.1 TITLE		Change Addition
NAME	SIBLEY, CHARLES		1.2 NAME		
STREET ADDRESS	1925 BRICKELL AVE. D-207 MIAMI FL 33129		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	1)	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	Soese Viller	^	2.2 NAME		
STREET ADDRESS	7510 9W 105th	PLACE	2.3 STREET ADDRESS		· ·
CITY-ST-ZIP	MiAmi FL	33173	2. 4 CITY - ST - ZIP		
	<b>D</b>	DELETE	3.1 TITLE		Change Addition
NAME	ANA CALABIA UIL	et	3.2 NAME		
STREET ADDRESS	7510 SW 10546 1	PLAKE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 3	8173	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		tal Dittil	5.2 NAME		E comingo E recultott
STREET ADDRESS		$\sim$	5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP	•	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	• •	
STREET ADORESS		. 1	6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied with	this filing floes not qualify for	the exemption stated	in Section 119.07(3)(i), Florida Statutes. I	further certify that the information
officer or	director of the corporation or the received	ver or trustee empowered to ex	report as report as re	iture shall have the same legal effect as i equired by Chapter 607, Florida Statutes;	and that my name appears in