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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000050480 (7)

AMERICAN IMMIGRATION MEDIA GROUP, INC.

FILED Feb 18 1998 8:00am Secretary of State



Principal Piec	on of Rusinges	Mailing Address			I IODAKOON KIN KARKI IBUKK ONKER BUKKI NEKAK NOKUH OKER BERKE BEKAN IBKKI ONKI IDUK IDUK	
l						
		1000 BRICKELL AVENUE (MIAMI FL 33131				
					DO NOT WRITE IN THIS SPACE	
			1		3. Date Incorporated or Qualified 06/06/1997	
2. Principal F	Pac e o f Business	2a. Mailing Address			4, FEI Number Applied For	
21		26			65-077 00 79 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S8 75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & Stat	e	City & State			Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	У	8. This corporation owes or has paid the current year Intangible	
24	25		30		Personal Property Tax due June 30. 🔲 Yes	
	9. Name and Address of Current	Registered Agent		1-7	10. Name and Address of New Registered Agent	
	AUWERMAN, JEFFREY N		81	Name		
	00 BRICKELL AVENUE #520		82	Street Arid	ress (P.O. Box Number is Not Acceptable)	
· MV	AMI FL 33131				V	
•			83			
•			84	City	85 Zip Code	
44 Durauses	to the provisions of Sections 607 6500	and 007 1500 Florid- Dec	- Ala 1- :	<u> </u>	FL sp cooe	
office of i	registered agent, or both, in the State of the firm of the state of th	it Florida. Such change was au	uthorized b	v the corpora	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent	and tills if applicable (MOTE-	Projectored Ac	ont elgenture requi	red when reinstating) DATE	
12.	OFFICERS AND		13.	our aithuriore redu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		Change Addition	
NAME	BRAUWERMAN, JEFFREY N	_	1.2 NAME			
STREET ADDRESS	1000 BRICKELL AVENUE #520		1.3 STREET	AUDBESS		
CITY-ST-ZIP	MIAMI FL 33131		1.4 CiTY - S			
TITLE	0	☐ DELETE	2.1 TITLE	51- ZIF	☐ Change ☐ Addition	
NAME	BRAUWERMAN, SUZAN C	<u> </u>	2.2 NAME		C CAMINE INCOME.	
STREET ADDRESS	1000 BRICKELL AVENUE #520		2.3 STREET	ADDRECC		
CITY-ST-ZIP	MIAMI FL 33131			1		
TITLE	**************************************	DELETE	2.4 CITY-1	51^ZIP	☐ Change ☐ Addition	
NAME			3.2 NAME		C orange C Addition	
STREET ADDRESS			3.3 STREET	Annocee		
CITY-ST-ZIP			Ŧ			
TITLE		DELETE	3.4. City - :	01-217	☐ Change ☐ Addition	
NAME		- Dettie	1		Change C Addition	
			4. 2 NAME	4000000		
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S	1-ZIP	Ohana E Addit.	
		T OFFEIG	5.1 TITLE	1	L_ Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ľ		
CITY-ST-ZIP		Decem	5.4 CITY - S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	T. 7IP		

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.

1/12/97

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