

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

**FILED**  
**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

**DOCUMENT #** P97000096887 (9)  
 1. Corporation Name  
 American Investment Properties, Inc.

Principal Place of Business Mailing Address  
 701 Brickell Ave., #1600 (NJD) 701 Brickell Ave., #166 (NJD)  
 Miami, FL 33131 Miami, FL 33131

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 2a. Mailing Address  
 21 64 S.E. 5th Avenue 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Delray Beach, FL 28  
 24 33483 25 USA 29 30

3. Date Incorporated or Qualified  
 11/13/1997  
 4. FEI Number 65-0795279 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 Schmidt, William C.  
 400 North Andrews Avenue, Park Plaza  
 Suite 200  
 Fort Lauderdale, FL 33309

10. Name and Address of New Registered Agent  
 81 Name Schmidt, William C.  
 82 Street Address (P.O. Box Number is Not Acceptable) 64 S.E. 5th Avenue  
 83  
 84 City Delray Beach FL 85 Zip Code 33483

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Muller, Ralph P	
STREET ADDRESS	6400 North Andrews Avenue #200	
CITY - ST - ZIP	Fort Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Muller, Ralph P.	
1.3 STREET ADDRESS	64 S.E. 5th Avenue	
1.4 CITY - ST - ZIP	Delray Beach, FL 33483	
2.1 TITLE	VP, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Schmidt, William C.	
2.3 STREET ADDRESS	64 S.E. 5th Avenue	
2.4 CITY - ST - ZIP	Delray Beach, FL 33483	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	8000025201 78	
5.4 CITY - ST - ZIP	-05/12/98--01042--024 ***150.00	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(l), 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:** \_\_\_\_\_ (561) 278-4271  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)