PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000101626

1. Corporation Name

AMERICAN STUDIES INTERNATIONAL, INC.

| Principal Place of Business | | | | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|--|--|--|
| 918 MADRID STREET | | | | | | | | | | |
| CORAL GABLES FL 33134 | | | | | | | | | | |

Mailing Address

918 MADRID STREET CORAL GABLES FL 33134

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90087 003 ***150.00



DO NOT WRITE IN THIS SPACE

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|---|---|--|-------------|-------------|--------------------------|-----------------------------------|--|-------------|------------------|----------------|--|
| | | | | | | 3. Date ir corporated or Qualifed | | | | | |
| | | | | | | | 03/1997 | | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | | | App ied For | | |
| 21 | | 26 | | | | 65 | <u> 0805040</u> | | | Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certi | fcrite of Status Desired | | | 5 Additional | |
| 22 | | 27 | | | | | | | - Fee | Recuired | |
| City & S ate | • | City & State | | | | 6. Elect | tio i Campaign Financing | П | | 0 May Be | |
| 23 | | 28 | | | | Trus | t Fund Contribution | | Adde | ed to Fees | |
| Zip | Country | Zip | Cour | ntry | | 8. This | corporation owes the cur | rent year I | ntangible | 1.2 | |
| 24 | 25 | 29 | 30 | | | | onal Property Tax. | | Yes |]XNo | |
| | 9. Name and Address of Current | t Registered Agent | | | | 10. Nam | e and Address of New | Registere | d Agent | | |
| | | | | 81 | Name | | | | | | |
| BRA | ZIER, CLIFFORD J | | 1 | | Ctrack A. | (D.O. D | au Number is Not Assent | able) | | | |
| | MADRID STREET | | | 82 | Street Ac | aress (P.U. B | ox Number is Not Accept | able) | | | |
| | AL GABLES FL 33134 | | - | 83 | | | | | | | |
| • | | | | | | | | | | | |
| | | | | 84 | City | | | F | 85 Z | ip Code | |
| | | | | | | | | | - , , | ita sasiatarad | |
| 11. Pursuant t | to the provisions of Sections 607.0502 egistered agent, or both, in the State | 2 and 607.1508, Florida Statu of Florida, Such change was : | es, the ab | ove by t | -named co the cornor: | erporation subt | mits this statement for the of cirectors. I hereby acce | ot the apr | ointment as | reg stered | |
| agent. ar | n familiar with, and accept the obligat | ions of, Section 607.0505, Flo | orida Statu | ites. | no corpore | t non o board o | , (,) | | | • | |
| SIGNATURE | | | | | | | | | | | |
| | Signature, typed or printed name of registered agen | | | Agent | signature requ | red when reinstate | | DATE | | TOC:0 111 40 | |
| 12. | OFFICERS AN | | 13. | | | ADDI | TIONS/CHANGES TO OF | FICERS / | | | |
| TITLE | PSTD | | 1,1 TIT | LΕ | | | | | Chan | ge 🔲 Addit | |
| NAME | BRAZIER, CLIFFORD | | 1.2 NA | ME | | | | | | | |
| STREET ADDRE 3S | 918 MADRID STREET | | 1.3 STI | REET. | ADDRESS | | | | | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | 1.4 CIT | ry-st | -ZIP | | | | | | |
| TITLE | | ☐ DELETE | 2.1 TIT | LE | | | | | Chan | ge ☐ Addit | |
| NAME | | | 2.2 NA | ME | | | | | | | |
| STREET ADDRESS | | | 23 STI | REET | ADDRESS | | | | | | |
| | | | 2.4 CI | | | | | | | | |
| CITY-ST-ZIP | | DELETE | 3.1 TIT | | -211 | | | | Chan | ge | |
| TITLE | | - Office | | | | | | | _ | _ | |
| NAME | | | 3.2 NA | | | | | | | | |
| STREET ADDRE 3S | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 3.4. CF | | ſ-ZIP | | | | | - El Addit | |
| TITLE | | ☐ DELETE | 4.1 TIT | LE | | | | | ☐ Chan | ge 🗌 Addit | |
| NAME | | | 4. 2 NA | AME | | | | | | | |
| STREET ADDRE 3S | | | 4.3 STI | REET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 4.4 CIT | ry-st | -ZIP | | | | | | |
| TITLE | | ☐ DELETE | 5 1 TIT | LE | | | | | Chan | ge 🔲 Addit | |
| NAME | | | 5.2 NA | ME | | | | | | | |
| STREET ADDRESS | | | 5.3 STI | REET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 5.4 CIT | TY-ST | -ZIP | | | | | | |
| TITLE | | ☐ DELETE | 6.1 TIT | ΓLE | | | | | Chan | ge 🔲 Addit | |
| | | | 6 2 NA | ME | | | | | | . – | |
| NAME | | | | | ADDRESS | | | | | | |
| STREET ADDRE 3S | | | 1 | | | | | | | | |
| CITY-ST-ZIP | | | 64 CIT | Y-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 empewered 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 attact ment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICE ? OR DIRECTOR