


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
ANNUAL REPORT  
1999



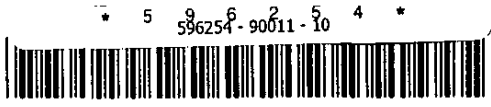
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000021161 ✓  
1. Corporation Name  
AMERICAN INSPECTION & LOSS CONTROL SERVICES, INC

Principal Place of Business  
250 CATALONIA AVENUE, SUITE 403  
CORAL GABLES FL 33134

Mailing Address  
250 CATALONIA AVENUE, SUITE 403  
CORAL GABLES FL 33134

FILED  
Jul 27, 1999 8:00 am  
Secretary of State  
07-27-1999 90011 010 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/05/1998

4. FEI Number  
69-0817705

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 the current year Intangible Personal Property.  
Yes No

2. Principal Place of Business  
21 350 SEVILLA AVE.  
Suite, Apt. #, etc.  
22 STE-201  
City & State  
23 CORAL GABLES, FL  
Zip  
24 33134  
Country  
25 USA

2a. Mailing Address  
26 350 SEVILLA AVE  
Suite, Apt. #, etc.  
27 STE-201  
City & State  
28 CORAL GABLES, FL  
Zip  
29 33134  
Country  
30 USA

9. Name and Address of Current Registered Agent  
SOLMS, WILLIAM O JR, ESQ  
SOLMS & PRICE, P.A.  
6701 SUNSET DRIVE, SUITE 104  
MIAMI FL 33143

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
FORTUN, HECTOR D  
250 CATALONIA AVENUE, SUITE 403  
CORAL GABLES FL 33134

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

COVP  
MARTINEZ, CARLOS  
250 CATALONIA AVENUE, SUITE 403  
CORAL GABLES FL 33134

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

COVP  
FERNANDEZ, CARLOS I  
250 CATALONIA AVENUE, SUITE 403  
CORAL GABLES FL 33134

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ST  
FERNANDEZ, CARLOS I  
250 CATALONIA AVENUE, SUITE 403  
CORAL GABLES FL 33134

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition  
350 SEVILLA AVE. STE-201  
CORAL GABLES, FL. 33134

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition  
350 SEVILLA AVE., STE-201  
CORAL GABLES, FL. 33134

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☒ Change ☐ Addition  
350 SEVILLA AVE., STE-201  
CORAL GABLES, FL. 33134

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:  REQUIRED 7/19/99 305 461 0950

CR2E034 (5/99)