

**ANNUAL REPORT
1999**

**Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**
DOCUMENT #
P.98000023326
1. Corporation Name
AMERICAN WORKS OF MIAMI, INC
Principal Place of Business
Mailing Address
**2125 BISCAYNE BOULEVARD
SUITE 340
MIAMI, FL 33137**
**1215 CHESTNUT STREET
NEWTON UPPER FALLS, MA
02464-1308**
DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
02/26/1998
4. FEI Number
06-1509480
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 Tax.**
☐
Yes
☐
No
9. Name and Address of Current Registered Agent
**DR LEE BOWES
2125 BISCAYNE BOULEVARD
SUITE 340
MIAMI, FL 33137**
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL
85. Zip Code
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 DR LEE BOWES
7-6-99
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when resigning)
DATE
12. OFFICERS AND DIRECTORS
TITLE CEO
NAME LEE BOWES
STREET ADDRESS 126 HIGHBROOK AVENUE
CITY-ST-ZIP PELHAM, NY 10803
TITLE PRESIDENT
NAME ABRAHAM LEVONITZ
STREET ADDRESS 51 HEATH HILL
CITY-ST-ZIP BROOKLINE MA
TITLE ASSISTANT SECRETARY
NAME RICHARD CSAPLAR
STREET ADDRESS 260 FRANKLIN STREET
CITY-ST-ZIP BOSTON, MA 02110-3179
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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)(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 in an attachment with an address, with all other like empowered.
SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5/25/99 (617) 965-8875
**FILED
Jun 19, 1999 8:00 am
Secretary of State**
06-19-1999 90003 001 *550.00**
589662 - 90009 - 2/
CR2E034 (11/98)