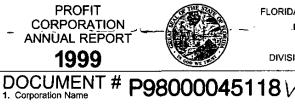
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Jul 06, 1999 8:00 am Secretary of State 07-06-1999 90002 004 ***150.00 .Katherine Harris Secretary of State

AMERICA	AN MULTIMEDIA ENTERPRI	SES INC.										
Principal Plac	e of Business	Mailing Address	Mailing Address							(22(12/1 (22)		
6320 CORAL WAY 6320 CORAL WAY												
MIAMI FL 33155 MIAMI FL 33155							DO NOT WRITE IN THIS SPACE					
						-	3. Date Incorporated or Qualified	IIS SFAC			7	
							05/15/1998					
2 Dringing D	lace of Business	2a Mailing Address	2a. Mailing Address				4. FEI Nymber Applied For					
21	ace of business	26					4. FEI Number 65084/592	ŀ		t Applicable	\Box	
Suite, Apt.	# etc		Suite, Apt. #, etc.					\$8		Additional	\exists	
22	7,1000		27				5. Certificate of Status Desired		ee Re			
City & Stat	<u> </u>	City & State					6. Election Campaign Financing \$5.00 May Be					
23		28	28				Trust Fund Contribution	Δ	dded t	o F <u>ées</u>		
Zip	Country	Zip	Zip Cou			ĺ	8. This corporation owes the current year		-			
24	25	29	30				Intangible Personal Property. Yes			No	_	
	9. Name and Address of Currer	nt Registered Agent					10. Name and Address of New Registered Agent					
CALI	MELL THE AHOHETO			81	Name							
SAUMELL, LUIS AUGUSTO 6320 CORAL WAY				82	Street	Addres	s (P.O. Box Number is Not Acceptable)				7	
	II FL 33155										4	
IMITAL	H FE.33133			83								
				84	City			85	Zip C	Code	7	
							<u> </u>	_	<u> </u>		_	
11. Pursuant	to the provisions of sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was a	s, the ab authorized	ove-i	named or the corpo	orporat oration	ion submits this statement for the purpose of 's board of directors. I hereby accept the app	changing ointmen	g its req t as rec	jistered gistered		
agent. I	am familiar with, and accept the oblig	ations of, section 607.0505, Flo	rida Stat	utes					•	•		
SIGNATURE							d when reinstating) DATE					
42	Signature, typed or printed name of registered agent and title if applicable. (N OFFICERS AND DIRECTORS				ent signatur	re require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		ECTO	RS IN 12	⊣ ଛି	
12.	DP OFFICERS AF	DELETE	13.			•	ADDITIONS/CHANGED TO OFFICE NO		hange	Addition	CR2E034 (5/99)	
NAME	SAMUELL, LUIS A	- DETE 16	1.2 NAMI					_ ∨	ange		\ \&	
STREET ADDRESS	6320 CORAL WAY	•		1.3 STREET ADDRESS							121	
CITY-ST-ZIP	MIAMI FL 33155			1.4 CITY-ST-ZIP							18	
TITLE	DS	DELETE	2.1 TI						hange	Addition		
NAME	SAMUELL, SYRIA H	DELLIC	2.2 N	AME.				L., 0,	ia. igo			
STREET ADDRESS	6320 CORAL WAY				REET ADDRESS						-	
CITY-ST-ZIP	MIAMI FL 33155		2.4 Ct	TY-ST-	ZIP						ĺ	
TITLE		DELETE	3.1 TI						hange	Addition	7	
NAME			3.2 N/	ME					-			
STREET ADDRESS			3.3 ST	REET	ADDRESS		·					
CITY-ST-ZIP			3.4 CI	TY-ST-	-ZIP							
TITLE		DELETE	4.1 TF	TLE				c	hange	Addition		
NAME			4.2 N	AME					-		1	
STREET ADDRESS			4.3 ST	REET	ADDRESS							
CITY-ST-ZIP			4,4 CITY-9		ZIP						_	
TITLE		DELETE	5.1 TI	TLE				c	hange	Addition	٠]	
NAME			5.2 N	NAME		~					-	
STREET ADDRESS		•	5.3 ST	REET	ADDRESS	7						
CITY-ST-ZIP	`		5.4 CI	TY-ST-	ZIP -						_	
TITLE		DELETE	6.1 Tr	TLE		1		☐ ci	hange	Addition	۱	
NAME			6.2 NA	AME							\	
STREET ADDRESS			6.3 ST	REET	ADDRESS							
CITY-ST-ZIP				Ύ-ST-							_	
14. I hereby c	ertify that the information supplied with	h this filing does not qualify for ti	he exem	ption	stated in	sectio	n 119.07(3)(i), Florida Statutes. I further certi	fy that th	e inforr	nation	1	

I hereby certify that the information supplied with this filing does not quality for the exemption stated in section 113-07(3)(f), Florida statutes. From the complete control and 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 tursies employeed 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:

P98000045118 581604-90000-4

Annual Report Personnel:
Please excuse the late payment, I was not aware of a first notice. I hope you will extend me a courtesy this time. I just formed this corporation. I will mount a sign on my calendar to make sure, that from now on you get the annual report before due date. Thank You.

Mr. Saumell