

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).

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90007 028 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **P98000048128**

1. Corporation Name
AV-AMERICAN INDUSTRIES, INC.



Principal Place of Business	Mailing Address
990 SW 36TH COURT #12 MIAMI FL 33145	990 SW 36TH COURT #12 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	05/29/1998
4. FEI Number	65-0839366
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 14812 SW 170 Ter. Suite, Apt. #, etc.	26 1000 Ponce De Leon Blvd. Suite, Apt. #, etc.
22	27 Ste. 329
23 City & State Miami, FL	28 City & State Coral Gables, FL
24 Zip 33187	29 Zip 33134
25 Country U.S.A	30 Country U.S.A

9. Name and Address of Current Registered Agent
GERALDE, EVENECER
 990 SW 36TH COURT
 #12
 MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name	GERALDE, EVENECER
82 Street Address (P.O. Box Number is Not Acceptable)	14812 SW 170 Ter.
83	
84 City	MIAMI
85 Zip Code	33187

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	GERALDE, EVENECER
STREET ADDRESS	990 SW 36TH COURT
CITY-ST-ZIP	MIAMI FL 33145
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
5.4 CITY-ST-ZIP	
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)(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: GERALDE EVENECER DATE: 8/15/99 PHONE: 305 254-753

CR2E034 (5/99)



1000 Ponce de Leon Blvd. Suite 329 • Coral Gables, FL 33134
Phone: (305) 254-7531 Fax: (305) 254-9684

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AUGUST 15, 1999

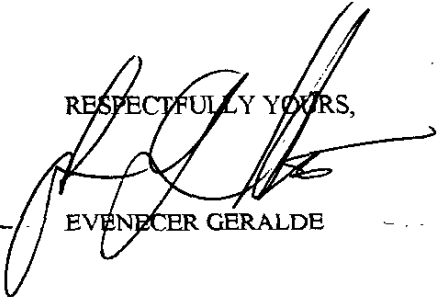
DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

TO WHOM IT MAY CONCERN:

AS YOU MAY ALREADY BE AWARE OF, THIS WAS THE FIRST YEAR WE HAD TO FILE OUR CORPORATION AND AS OUR FIRST TIME WITH A CORPORATION WE WERE UNAWARE THAT WE HAD TO DO SO. UNFORTUNATELY, LAST AUGUST WE MOVED, WHICH IS PROBABLY WHY WE NEVER RECEIVED THE FIRST REQUEST TO FILE UNTIL ABOUT 1 MONTH AGO THAT WE RECEIVED THIS SECOND NOTICE.

WE APOLOGIZE FOR THIS INCONVENIENCE, BUT PLEASE ACCEPT OUR FILING AT THIS TIME ALONG WITH \$150.00 FOR THE FILING FEE. IF YOU SHOULD HAVE ANY QUESTIONS DO NOT HESITATE TO CONTACT ME AT 305-254-7531. THANK YOU IN ADVANCE FOR YOUR UNDERSTANDING!

RESPECTFULLY YOURS,



EVENCAR GERALDE