

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**AMENDED**  
FILED

DOCUMENT #

1. Entity Name

AMERICAN EXCHANGE, INC.

512207  
898000068584

02 SEP -5 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

100007663511--8

-09/11/02--01046--030

\*\*\*\*\*61.25 \*\*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2121 PONCE DE LEON BLVD.

3. Mailing Address

2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

711

Suite, Apt. #, etc.

711

City & State

CORAL GABLES, FL

City & State

CORAL GABLES FL

4. FEI Number

65-0857551

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired:

X

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name ABEL BARRERAS

Street Address (P.O. Box Number is Not Acceptable)

5900 SW 84 AVE

City MIAMI

FL

Zip Code 33143

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when submitting)

08/19/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT - SD/NS - V/T/D	ABEL VICTORES	3687 NW 17 STREET	MIAMI FL 33125
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. 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 report or supplement 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 registered agent; and that I am not to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in block 11 or on an attachment with an address, with all other like empowerec.

SIGNATURE:

*(Signature)*

ABEL VICTORES

07/08/02

DATE

305.637.7737

Daytime Phone #

CR2E034B (12/01)

js 8/19/02