FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	1093 FOR PROP NIFORM BUSIN	FIT CORPO IESS REPOI	RATION RT (UBR)	Jan 13, 2003 8:00 am
1. Entity Na	JMENT # \$140 AMERICAN INVESTMENT			Secretary of State 01-13-2003 90818 011 ***150.00
Principal Place of Business 2151 LEJEUNE RD SUITE 310 CORAL GABLES FL 33134-4200		Mailing Address 2151 LEJEUNE RD SUITE 310 CORAL GABLES FL 331	34-4200	
Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Sta		City & State		4. FEI Number 65-0355311 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent
SOTO, O	SVALDO N.	·	Name	and the second of the second o
2151 LEJ SUITE 31	EUNE RD 0		Street Addres	ss (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134			City	Zip Code
8. The above the obliga	e named entity subjects the center of the disterence of the center of th	for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signed proceed name of registered a	or a me (NO	TE: Registered Agent signature requ	fired when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTO, OSVALDO N.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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 supplemental 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 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #