FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$14450 1. Corporation Name

AMERICAN AMBASSADOR CORP.

FILED Mar 22, 1999 8:00 am Secretary of State 03-22-1999 90145 010 ***158.75

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					—		ELELL ELI	L(† DLUIL †EU†	
Principal Place	of Business	Mailing Address							
2601 S BAYSHO	2601 S BAYSHORE DRIVE								
STE 1250	,	STE 1250			DO NOT WRITE IN THIS SPACE				
MIAMI FL 33133 MIAMI FL 33133 US					3. Date Incorporated or Qualified				ı
US US					11/19/1990				ı
2. Principal Place of Business 2a. Mailing Address					1 / 19/1990 4. FEI Number Applied For				
	ace of Business	2a. Mailing Address			" · · · · · · · · · · · · · · · · · ·	-	+	Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					65-0278711	* ¢8			ı
					5. Certificate of Status Desired \$8.75 Additional Fee Required				
22 27 City & State City & State									
			-	•. —	6. Election Campaign Financing Trust Fund Contribution Added to Fees				
23			Country	/	8. This corporation owes the current year Intangible				
Zip				,	Personal Property Tax.				
24	25 9. Name and Address of Current		-		10. Name and Address of New Registere				ı
	9. Name and Address of Current	Kagistaleu Agent	81	Name	10.				l
FRFF	EMAN, ROBERT A., PA								ı
	SOUTH BAYSHORE DRIVE		82	Street Add	ddress (P.O. Box Number is Not Acceptable)				l
	1250		83						l
	1230 11 FL 33133		0.3						l
WINCH	III FE 30133		84	City	· F	85	Zip C	ode	l
				<u> </u>					į
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aufho	nzed Dv	the comporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ointment	as reg	istered	
SIGNATURE	•					_			ĺ
	Signature, typed or printed name of registered agent			nt signature requir	ed when reinstating) DATE			20.11.40	á
12.		. OFFICERS AND DIRECTORS 1:			ADDITIONS/CHANGES TO OFFICERS A	ND DIRE		Addition	>
ΠLE	DP	☐ DELETE	1.1 TITLE		•		anye		[]
NAME	MAGGI, MICHELE			Ì					1 8
STREET ADDRESS	2601 S BAYSHORE DR STE 1250			T ADDRESS					ļ
CITY-ST-ZIP				ST-ZIP				57 A 1 1111	ļò
TITLE	S	☐ DELETE 2.1 TI		ļ		☐ Ch	ange	Addition Addition	()
NAME	OURDES, FRANCES 22		2.2 NAME						1
STREET ADDRESS	·			TADDRESS					ĺ
CITY-ST-ZIP				ST-ZIP					1
TÍTLE	To	DVP □ DELETE- 3.1				,∐ Chi	ange - 🗦	→ [] Addition	l
NAME	FREEMAN, ROBERT A		3.2 NAME						ì
STREET ADDRESS	2601 S BAYSHORE DR STE 125	io I	3.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI FL	~	3.4. CITY-	ST-ZIP					1
TITLE	Mil/Anti I C	☐ DELETE	4.1 TITLE			☐ Ch	ange	Addition	ĺ
NAME			4. 2 NAME						
STREET ADDRESS	•			TADDRESS					ĺ
		1	4.4 CITY-5						ĺ
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	31-235		□Ch	ange	Addition	1
TITLE			5.2 NAME				-	_	
NAME				T ADDRESS					1
STREET ADDRESS									
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE			[] Ch	anne	Addition	
TITLE		∟ UELETE					uige	L MODITORI	
NAME		1	6.2 NAME	ł					
STREET ADDRESS			6.3 STREET ADDRESS						
CITY OT 7ID	, · •		6.4 CITY-5	ST-ZiP	•				1

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 of 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, with all other like empowered.

SIGNATURE:

E RIVICE PRESI LENT

858-3242