FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -7 AM 11:20

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # S44501

1. Corporation Name

AMERICAN PRIME ENTERPRISE, INC.

Principal Place of Business	Mailing Address
~~2225 S.W. 18TH AVENUE~~ ~~MIAMI, FLORIDA 33145~~	~~2225 S.W. 18TH AVENUE~~ ~~MIAMI, FLORIDA 33145~~

3. Date Incorporated or Qualified: 04-11-1991
3a. Date of Last Report: 04-27-1994

2. Principal Place of Business
21 5805 BLUE LAGOON DRIVE
Suite, Apt. #, etc.
22 SUITE 480
City & State
23 MIAMI, FLORIDA
Zip 24 33126 Country 25 U.S.A.

2a. Mailing Address
26 5805 BLUE LAGOON DRIVE
Suite, Apt. #, etc.
27 SUITE 480
City & State
28 MIAMI, FLORIDA
Zip 29 33126 Country 30 U.S.A.

4. FEI Number: 65-0257304 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~GONZALO G. TRAMOUNT~~
~~2225 S.W. 18TH AVENUE~~
~~MIAMI, FLORIDA 33145~~

10. Name and Address of New Registered Agent

01 Name: REGINO MUSA
02 Street Address (P.O. Box Number is Not Acceptable): 5805 BLUE LAGOON DRIVE
03 SUITE #480
04 City: MIAMI FL 05 Zip Code: 33126

11. Pursuant to the provisions of Section 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: _____ REGINO MUSA, PRESIDENT 06-20-95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P ~~TRAMOUNT, GONZALO G.~~ ~~2225 S.W. 18TH AVENUE~~ ~~MIAMI, FLORIDA 33145~~	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D/P REGINO MUSA 5805 BLUE LAGOON DRIVE #480 ~~MIAMI, FLORIDA 33126~~	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TAS 7/7/95	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DIRECTOR 6-20-95 (305) 267-9660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
REGINO MUSA