

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

FILED

**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S54263 (6)
1. Corporation Name
AMERICAN ENERGY SYSTEMS, INC.



Principal Place of Business 101 N.E. 3RD. RD. HOMESTEAD FL 33030	Mailing Address 101 N.E. 3RD. RD. HOMESTEAD FL 33030-6124
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2. Principal Place of Business 21 56 N.W. 1 ST. Suite, Apt. #, etc.		2a. Mailing Address 26 56 N.W. 1 ST. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/21/1991	3a. Date of Last Report 12/05/1996
22 City & State 23 Homestead, Fl.		27 City & State 28 Homestead, Fl.		4. FEI Number 59-3066575	Applied For Not Applicable
24 Zip 33030		25 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 33030		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DIANA, MANUEL A 101 N.E. 3RD. RD. HOMESTEAD FL 33030				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DIANA, MANUEL A 101 N.E. 3RD. RD. HOMESTEAD FL 33030				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)		56 N.W. 1 St.			
83					
84 City		Homestead		85 Zip Code	FL 33030

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 _____ (Signature, typed or printed 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERGUTZ, TOM	1.2 NAME	
STREET ADDRESS	101 N.E. 3RD. RD.	1.3 STREET ADDRESS	56 N.W. 1 St.
CITY-ST-ZIP	HOMESTEAD FL 33030	1.4 CITY-ST-ZIP	Homestead, Fl. 33030
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERGUTZ, TAMMI	2.2 NAME	
STREET ADDRESS	101 N.E. 3RD. RD.	2.3 STREET ADDRESS	56 N.W. 1 St.
CITY-ST-ZIP	HOMESTEAD FL 33030	2.4 CITY-ST-ZIP	Homestead, Fl. 33030
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANA, MANUEL A	3.2 NAME	
STREET ADDRESS	101 N.E. 3RD. RD.	3.3 STREET ADDRESS	56 N.W. 1 St.
CITY-ST-ZIP	HOMESTEAD FL 33030	3.4 CITY-ST-ZIP	Homestead, Fl. 33030
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE _____ **4-23-97 305 308-5900**

CR2E034 (9/96)