

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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # S54263 (6)
 1. Corporation Name
AMERICAN ENERGY SYSTEMS, INC.



Principal Place of Business: **56 NW 1 ST HOMESTEAD FL 33030 US**
 Mailing Address: **56 NW 1 ST HOMESTEAD FL 33030 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip 30 Country

3. Date Incorporated or Qualified: **05/21/1991**

4. FEI Number: **59-3066575** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
DIANA, MANUEL A
56 NW 1 ST
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name: **VIERGUTZ, Tammy**

82 Street Address (P.O. Box Number is Not Acceptable): **56 N.W. 1st Street**

83

84 City: **Homestead** FL 85 Zip Code: **33030**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: *Tammy Viergutz* (Print) Registered Agent signature required when reinstating. DATE: **5/19/98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	VIERGUTZ, TOM	
STREET ADDRESS	56 NW 1 ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	VIERGUTZ, TAMMI	
STREET ADDRESS	56 NW 1 ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DIANA, MANUEL A	
STREET ADDRESS	56 NW 1 ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPST VIERGUTZ, Tammy
2.3 STREET ADDRESS	56 N.W. 1st St
2.4 CITY-ST-ZIP	Homestead, FL 33030
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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: *Tammy Viergutz* 4-27-98 305-248-5900

CR2E034 (10/97)