

**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 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

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          | <b>P</b>               | <input type="checkbox"/> DELETE            |
| NAME           | <b>VIERGUTZ, TOM</b>   |  |
| STREET ADDRESS | <b>56 NW 1 ST</b>      |  |
| CITY-ST-ZIP    | <b>HOMESTEAD FL</b>    |  |
| TITLE          | <b>ST</b>              | <input type="checkbox"/> DELETE            |
| NAME           | <b>VIERGUTZ, TAMMI</b> |  |
| STREET ADDRESS | <b>56 NW 1 ST</b>      |  |
| CITY-ST-ZIP    | <b>HOMESTEAD FL</b>    |  |
| TITLE          | <b>VP</b>              | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>DIANA, MANUEL A</b> |  |
| STREET ADDRESS | <b>56 NW 1 ST</b>      |  |
| CITY-ST-ZIP    | <b>HOMESTEAD FL</b>    |  |
| 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           | <b>VPST VIERGUTZ, Tammy</b>  |
| 2.3 STREET ADDRESS | <b>56 N.W. 1st St</b>  |
| 2.4 CITY-ST-ZIP    | <b>Homestead, FL 33030</b>   |
| 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* DATE: **4-27-98** TELEPHONE: **305-248-5900**

CR2E034 (10/97)