

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIERGUTZ, TOM	1.2 NAME	
STREET ADDRESS	56 NW 1 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	VPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIERGUTZ, TAMMI	2.2 NAME	VIERGUTZ, Tammy
STREET ADDRESS	56 NW 1 ST	2.3 STREET ADDRESS	56 N.W. 1st St
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	Homestead, FL 33030
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANA, MANUEL A	3.2 NAME	
STREET ADDRESS	56 NW 1 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	
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 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)