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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S73203** (9)

1. Corporation Name

**AMERICAN & INTERNATIONAL ASSOCIATES, INC.**

Principal Place of Business

**5800 SW 127 AVE  
#2410  
MIAMI FL 33183**

Mail Address

**5800 SW 127 AVE  
#2410  
MIAMI FL 33183**

2. Principal Place of Business

2a. Mailing Address

|    |                     |    |                     |
|----|---------------------|----|---------------------|
| 21 | State, Apt. #, etc. | 26 | State, Apt. #, etc. |
| 22 | City & State        | 27 | City & State        |
| 23 | Zip                 | 28 | City & State        |
| 24 | Zip                 | 29 | Zip                 |
| 25 | County              | 30 | County              |

9. Name and Address of Current Registered Agent

**TAPIA, DANIEL  
5800 SW 127 AVE  
#2410  
MIAMI FL 33183**

81. Name

82. Street Address (P.O. Box Number is Not Applicable)

83

84. City

FL 85. Zip Code

11. Pursuant to the provisions of Section 607.04 and 607.05, I, the undersigned, hereby certify that the above information is true and correct for the purpose of changing its registered office, registered agent, or both in the State of Florida. I am a duly qualified officer or director of the corporation, and I am not the registered agent for the corporation. I am not the registered agent for the corporation, and I am not the registered agent for the corporation.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                |                       |           |           |
|----------------|-----------------------|-----------|-----------|
| 12             | NAME                  | PO        | [ ] OFFER |
| NAME           | TAPIA, DANIEL         |           |           |
| STREET ADDRESS | 5800 SW 127 AVE #2410 |           |           |
| CITY, ST, ZIP  | MIAMI FL              |           |           |
| 13             | NAME                  | [ ] OFFER |           |
| NAME           |                       |           |           |
| STREET ADDRESS |                       |           |           |
| CITY, ST, ZIP  |                       |           |           |
| 14             | NAME                  | [ ] OFFER |           |
| NAME           |                       |           |           |
| STREET ADDRESS |                       |           |           |
| CITY, ST, ZIP  |                       |           |           |
| 15             | NAME                  | [ ] OFFER |           |
| NAME           |                       |           |           |
| STREET ADDRESS |                       |           |           |
| CITY, ST, ZIP  |                       |           |           |
| 16             | NAME                  | [ ] OFFER |           |
| NAME           |                       |           |           |
| STREET ADDRESS |                       |           |           |
| CITY, ST, ZIP  |                       |           |           |

13.

|                |      |           |
|----------------|------|-----------|
| 13             | NAME | [ ] OFFER |
| NAME           |      |           |
| STREET ADDRESS |      |           |
| CITY, ST, ZIP  |      |           |
| 14             | NAME | [ ] OFFER |
| NAME           |      |           |
| STREET ADDRESS |      |           |
| CITY, ST, ZIP  |      |           |
| 15             | NAME | [ ] OFFER |
| NAME           |      |           |
| STREET ADDRESS |      |           |
| CITY, ST, ZIP  |      |           |
| 16             | NAME | [ ] OFFER |
| NAME           |      |           |
| STREET ADDRESS |      |           |
| CITY, ST, ZIP  |      |           |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I, the undersigned, certify that the information supplied in this report is true and correct for the purpose of changing its registered office, registered agent, or both in the State of Florida. I am a duly qualified officer or director of the corporation, and I am not the registered agent for the corporation. I am not the registered agent for the corporation, and I am not the registered agent for the corporation.

SIGNATURE:

*Daniel Tapia*  
SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DANIEL TAPIA**

03-25-96 (305) 382-4747

CR2E034 (12/95)