

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

FILED

Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **S73203** (9)
1. Corporation Name
AMERICAN & INTERNATIONAL ASSOCIATES, INC.



Principal Place of Business

Mailing Address

5800 SW 127 AVE
#2410
MIAMI FL 33183

5800 SW 127 AVE
#2410
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	1129 W. 51 Place	26	1129 W. 51 Place
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Hialeah, FL	28	Hialeah, FL
Zip	Country	Zip	Country
24	33012	25	U.S.A.
29	33012	30	U.S.A.

3. Date Incorporated or Qualified	
08/14/1991	
4. FEI Number	Applied For
65-0277305	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input checked="" type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81	Name	Norma Tapia
82	Street Address (P.O. Box Number is Not Acceptable)	1129 W. 51 Place
83		
84	City	Hialeah
85	Zip Code	FL 33012

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: *X Norma Tapia* 3/30/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	TAPIA, DANIEL	1.2 NAME	Tapia, Norma
STREET ADDRESS	5800 SW 127 AVE #2410	1.3 STREET ADDRESS	1129 W. 51 PL
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	VPD	2.1 TITLE	
NAME	TAPIA, NORMA	2.2 NAME	
STREET ADDRESS	5800 S.W. 127 AVE., #2410	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *X Norma Tapia* 3/30/98

CR2E034 (10/97)