

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3: 31

DOCUMENT # V05391 (0)

1. Corporation Name

AMERICAN FINANCIAL GROUP OF AVENTURA, INC.

Principal Place of Business

2875 NORTHEAST 191ST STREET
#601
NORTH MIAMI BEACH FL 33180

Mailing Address

2875 NORTHEAST 191ST STREET
#601
NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/09/1992

3a. Date of Last Report

04/08/1994

4. FEI Number

65-0305193

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HOLBROOKE ANTHONY F
2875 NE 191ST STREET
SUITE #601
N. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name

EDWARD M. CHISM

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

2875 N.E. 191st STREET

83

SUITE 601

84 City

AVENTURA

FL

85 Zip Code

33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Edward M. Chism, President

1/20/95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

TS

NAME

CHISM, EDWARD II

STREET ADDRESS

2875 NE 191ST STREET

CITY-ST-ZIP

N MIAMI BEACH FL

TITLE

PC

NAME

CHISM, EDWARD M.

STREET ADDRESS

2875 NE 191ST STREET

CITY-ST-ZIP

N MIAMI BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 changing or on an attachment with an address.

SIGNATURE:

EDWARD M. CHISM II

1/20/95

305-933-8779

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number