

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V51301 (2)

1. Corporation Name
AMERIHOLDINGS, INC.

Principal Place of Business
500 E. BROWARD BLVD.
SUITE 1100-
FT. LAUDERDALE FL 33394

Mailing Address
500 E. BROWARD BLVD.
SUITE 1100
FT. LAUDERDALE FL 33394-3085



2. Principal Place of Business

21 Suite, Apt. #, etc. 920
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
07/16/1992

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0350600

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARULANDA A, CARLOS
500 E. BROWARD BLVD.
SUITE 1100
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite: 920
84 City FL 85 Zip Code

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: Signature typed or printed name of registered agent and listed applicable (NOTE: Registered Agent signature required when reinstating) DATE 04-28-97

12. OFFICERS AND DIRECTORS

TITLE	DO	<input type="checkbox"/> DELETE
NAME	MARULANDA A, CARLOS	
STREET ADDRESS	668 STANTON DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DO	<input type="checkbox"/> DELETE
NAME	MARULANDA, PABLO A	
STREET ADDRESS	18444 NW 9TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DO	<input type="checkbox"/> DELETE
NAME	MARULANDA, CESAR A	
STREET ADDRESS	694 STANTON DR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DO	<input type="checkbox"/> DELETE
NAME	MARULANDA, EDGAR	
STREET ADDRESS	2684 RIVIERA COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	O	<input type="checkbox"/> DELETE
NAME	Marulanda, Edgar Alfredo	
STREET ADDRESS	812 Sand Creek Circle	
CITY-ST-ZIP	Fort Lauderdale, FL 33327	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	2256 Jardin Lane
24 CITY-ST-ZIP	Fort Lauderdale, FL 33327
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-97 (954) 463-2900

CR2E034 (9/96)