

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT # 697080 (0)

1. Corporation Name
ACMEX INDUSTRIAL, CORP.

Principal Place of Business Mailing Address
% MANUEL J HERNANDEZ 5820 SW 5TH TERRACE MIAMI FL 33144
% MANUEL J HERNANDEZ 5820 SW 5TH TERRACE MIAMI FL 33144

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/21/1981** 3a. Date of Last Report **06/30/1994**
 4. FEI Number **59-2110943** 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

2. Principal Place of Business 2a. Mailing Address
 21 **8281 NW 66 STREET** 26 **8281 NW 66 STREET**
 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
 22
 City & State 28 **MIAMI, FLORIDA**
 23 **MIAMI, FLORIDA**
 Zip 29 **33166** Country 30 **U.S.A.**
 24 **33166** 25 **U.S.A.**

9. Name and Address of Current Registered Agent
**HERNANDEZ, MANUEL J
 5820 SW 5TH TERRACE
 MIAMI FL 33144**

10. Name and Address of New Registered Agent
 81 Name **MANUEL J HERNANDEZ**
 82 Street Address (P.O. Box Number is Not Acceptable) **8281 NW 66 STREET**
 83
 84 City **MIAMI** FL 85 Zip Code **33166**

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 *M. J. Hernandez* DATE **07/28/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, MANUEL J.	1.2 NAME	HERNANDEZ, MANUEL J.
STREET ADDRESS	5820 SW 5TH TERRACE	1.3 STREET ADDRESS	8281 NW 66 STREET
CITY - ST - ZIP	MIAMI, FL 00000	1.4 CITY - ST - ZIP	MIAMI, FL 33166
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, CARLOS M	2.2 NAME	NO LONGER OFFICER
STREET ADDRESS	5820 SW 5TH TERRACE	2.3 STREET ADDRESS	NO LONGER DIRECTOR
CITY - ST - ZIP	MIAMI, FL 00000	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *M. J. Hernandez* **Manuel J. Hernandez** DATE **07/28/95** **592 4761**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (3/95)