

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 MAY 24 PM 12:50

DOCUMENT # G16814 (7)

1. Corporation Name

ACGDI, INC.

Principal Place of Business

% PRIVATE TRUST CORPORATION
P.O. BOX N341, CHARLOTTE STREET
NASSAU, BAHAMAS

Mailing Address

% KARP, GENAUER & LEVINE, P.A.
2 ALHAMBRA PLAZA, #1202
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/27/1982

3a. Date of Last Report

12/02/1994

4. FEI Number

59-2277322

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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

KARP, GENAUER & LEVINE, P.A.
2 ALHAMBRA PLAZA, SUITE 1202
CORAL GABLES FL 33134

81 Name

82 Alhambra Registered Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable)
2 Alhambra Plaza, Suite 1202

83

84

City
Coral Gables

FL

85 Zip Code
33134

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

Jul J. Karp Pres.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

April 27, 1995
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME EVANS, PETER BURNETT
STREET ADDRESS CHARLOTTE HOUSE, 2ND FLOOR
CITY - ST - ZIP NASSAU, BAHAMAS

TITLE VPSD
NAME THOMSON, PATRICK H.
STREET ADDRESS CHARLOTTE HOUSE, 2ND FLOOR
CITY - ST - ZIP NASSAU, BAHAMAS

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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, on an attachment with an address.

SIGNATURE: *P. B. Evans*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER B. EVANS

April 25, 1995
Date

809-323-8574
Telephone Number