FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 23 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17482 (3)

1. Corporation Name
THE ACME ACTING CORPORATION

Principal Place of Business	Mailing Address
174 E FLAGLER ST STE 406 MIAMI FL 33131 US	174 E FLAGLER STREET STE 406 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1986
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2739250 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	21 3841 NE 2ND AVE #302A	2a. Mailing Address	26 3841 NE 2ND AVE #302A
Suite, Apt. #, etc.	22 MIAMI FL 33137	Suite, Apt. #, etc.	27 MIAMI FL 33137
City & State	23	City & State	28
Zip / Country	24 / 25 USA	Zip / Country	29 / 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LINDSAY,ALVIN F.
4000 SOUTHEAST FIN CTR.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
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	P	1.1 TITLE	D	☒ Change ☐ Addition
NAME	LINDSAY, ALVIN F.	1.2 NAME		
STREET ADDRESS	4000 SOUTHEAST FIN. CTR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	CEJAS, JUAN F	2.2 NAME	BETSY P CARDWELL	
STREET ADDRESS	1353 MERIDIAN AVE	2.3 STREET ADDRESS	1445-16 ST #17	
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VP	3.1 TITLE	D	☒ Change ☐ Addition
NAME	FLISS, ERIC	3.2 NAME		
STREET ADDRESS	800 LENOX AVE, 1	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	AMICK, TOM	4.2 NAME		
STREET ADDRESS	905 LINCOLN RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAM BCH. FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GARAY, OLGA	5.2 NAME		
STREET ADDRESS	5005 COLLINS AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH. FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	NO REPLACEMENT	☒ Change ☐ Addition
NAME	HOSMON, ROBERT	6.2 NAME		
STREET ADDRESS	3071 OAK AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addres

SIGNATURE: BETSY P CARDWELL Betsy P Cardwell MARCH 18, 1995 305-576-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041526