

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000003037 (7)**

1. Corporation Name
ACO SELF STORAGE, INC.



Principal Place of Business: **% LESLIE L. FLOREZ ESO, 782 NW LEJEUNE RD #634, MIAMI FL 33126**
Mailing Address: **2151 N E 163RD ST, NORTH MIAMI BEACH FL 33162, US**

3. Date Incorporated or Qualified: **01/11/1993**
3a. Date of Last Report: **08/10/1995**
4. FEI Number: **65-0389262**
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 (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**FLOREZ, LESLIE L
782 NW LEJEUNE RD
STE 634
MIAMI FL 33126**

10. Name and Address of New Registered Agent
81 Name: **Wilberto Lopez**
82 Street Address (P.O. Box Number is Not Acceptable): **2151 NE 163 St.**
83 **North Miami Beach, FL 33162**
84 City: **North Miami Beach, FL** 85 Zip Code: **33162**

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 for 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 agree to the qualifications of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **2/26/96**

12. OFFICERS AND DIRECTORS
TITLE: **D** DELETE
NAME: **BRUNACCI, CARLO**
STREET ADDRESS: **% 782 NW LEJEUNE RD #634**
CITY-ST-ZIP: **MIAMI FL 33126**

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 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 this 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]* **Carlos Brunacci** DATE: **2/26/96** DAYTIME PHONE #: **305-949-8908**

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