

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MANNING
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000065577 (7)**

ACME T SHIRT COMPANY, INC.

APPROVED
AND
FILED

MAY 11 11:53:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office: 6951 NW 82 AVE MIAMI FL 33166 US
 Alternate Office: 6951 NW 82 AVE MIAMI FL 33166 US
 (Handwritten: **RIGHT** and **WRONG**)

PLEASE WRITE IN THIS SPACE

3. Date of Incorporation or Qualification	3a. Date of Last Report
09/21/1993	04/21/1994
4. FEI Number	Applied For / Not Applicable
65-0438899	
5. Certificate of Status Debated	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Has the corporation filed an annual report with the Secretary of State?	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. Does corporation have liability for intangible tax under S. 199(1)(c) Florida Statutes.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

2. Principal Office	2a. Alternate Office
21. State Agent	26. State Agent
22. City	27. City
23. State	28. State
24. Zip	29. Zip
25. Zip	30. Zip

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAPOTE, BEATRIZ M 1110 BRICKELL AVENUE 7TH FLOOR MIAMI FL 33131	81. Name
	82. Street Address, P.O. Box Number or Post Office
	83. City
	84. State
	85. Zip Code
	FL

11. I, the undersigned, as authorized officer of the corporation, hereby certify that the information supplied with this report is true and correct to the best of my knowledge and belief, and that the corporation has complied with the provisions of the Florida Statutes, Chapter 199, Florida Statutes, relating to the appointment of a registered agent, and that the corporation has complied with the provisions of the Florida Statutes, Chapter 199, Florida Statutes, relating to the appointment of a registered agent.

12. OFFICERS AND DIRECTORS	13. ALTERNATE OFFICERS AND DIRECTORS
NAME: D MARZULLO, JERRY ADDRESS: 8540 SW 58 ST. MIAMI FL 33143	NAME: _____ ADDRESS: _____
NAME: _____ ADDRESS: _____	NAME: _____ ADDRESS: _____
NAME: _____ ADDRESS: _____	NAME: _____ ADDRESS: _____
NAME: _____ ADDRESS: _____	NAME: _____ ADDRESS: _____
NAME: _____ ADDRESS: _____	NAME: _____ ADDRESS: _____
NAME: _____ ADDRESS: _____	NAME: _____ ADDRESS: _____
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NAME: _____ ADDRESS: _____	NAME: _____ ADDRESS: _____
NAME: _____ ADDRESS: _____	NAME: _____ ADDRESS: _____
NAME: _____ ADDRESS: _____	NAME: _____ ADDRESS: _____

14. I, the undersigned, hereby certify that the information supplied with this report is true and correct to the best of my knowledge and belief, and that the corporation has complied with the provisions of the Florida Statutes, Chapter 199, Florida Statutes, relating to the appointment of a registered agent, and that the corporation has complied with the provisions of the Florida Statutes, Chapter 199, Florida Statutes, relating to the appointment of a registered agent.

SIGNATURE: *Jerry Marzullo* JERRY MARZULLO 4.10.95 305-593-5700
 SECRETARY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR