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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

P94000014929 (1)

ACE'S INDOOR SHOOTING RANGE & PRO GUN SHOP, INC.

Principal Place of Business Mailing Address						1 10011801 118 10111 01011 00111	<b>40</b> 111 <b>4010</b> 1 11	811 81318 1811\$ 11618 1611 168	
2105 NW 102 PLACE MIAMI FL 33172		2105 NW 102 PLACE MIAMI FL 33172							
US		US				3. Date Incorporated or Qualified 02/24/1994	i	e of Last Report 4/21/1995	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number	.1	Applied For	
21		26			65-0469478		Not Applicable		
Suite, Apt. #, etc.		Suite, Apl. #, etc.	Suite, Apl. #, etc.			5. Certificate of Status Desired		\$8.75 Additional	
22		27						Fee Required	
City & State		City & State				6. Election Campaign Financing	П	\$5.00 May Be	
23		28				Trust Fund Contribution		Added to Fees	
Zip	Country	Zip	Count	ry		8. This corporation has liability for in Florida Statutes Yes	intangible ta <b>X</b> No	ax under s. 199.032,	
24	25   9. Name and Address of Current	29  Registered Agent	[30]			10. Name and Address of New R		Agent	
			8	1 N	anie	and the second control of the second control			
ECONIAN	IDEZ, GISELA					(D.O. Day Musther In Not Assertab	[a]		
	V 149TH CT.		*	2 S	reet Addre	Address (P.O. Box Number is Not Acceptable)			
MIAMI F			8	3					
(VIIIZ SIVI)	E 00100		<u> </u>					las las o-d-	
			١	4 C	ty		FL	85 Zip Code	
<b>11.</b> Pursuant to or registere familiar with	o the provisions of Sections 607.0502 and agent, or both, in the State of Florida h, and accept the obligations of, Section	and £07.1508, Florida Statut n. Such change was authoriz n 607.0505, Florida Statutes	es, the above ed by the co s.	rnam rporat	ed corpora ion's board	ition submits this statement for the pui d of directors. I hereby accept the app	rpose of ch ointment as	anging its registered office registered agent. I am	
SIGNATURE:	Signature, typod or printed name of registered agent at	nd title if application. (NC	OIL Registered A	ent su	alunu neguiredi	when rensjalingi	HAG		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS IN 12	
TITLE	Р	[] DELFTE	1. 1 111	F				Change Addition	
NAME	DE PINA, GEORGE A		1.2 NAM	E					
STREET ADDRESS	4600 S.W. 149 COURT		1.3 STRI	ET ADD	HESS				
CITY-S1-ZIP	MIAMI FL 33185		1.4 CITY	- \$1 - ZI	>				
TITLE	8	DELETE	2 1 111	E	\$			Change Addition	
NAME	RIDRIGUEZ, ANGELA		2.2 NAN	E	JJ	RGE RODRIGUEZ			
STREET ADDRESS	4701 SW 142 CT		2.3 STR		RESS 3	017 CLYDE RD.	1 1-	3 33465	
CITY-ST-7IP	MIAMI FL	DELFTE	2.4 CITY		.   U	UEST PALM BEACH		し <u> </u>	
TITLE		M. DETAILE	3. 1 TITI		_   <u>V</u>	PANK BRUGAL		Change Addition	
NAME STREET ADDRESS	FERNANDEZ, LEONARDO 4671 SW 149 CT		3.2 NAM 3.3. STF		, c   ±	1000 N.W 93 PD	小厂	_	
			3 3. STF			MAMI, FL 331		•	
CITY-ST-ZIP TITLE	MIAMI FL	[] DELETE	4 1 ] ]			HAMI, TE SSI		Change  Addition	
NAME		Fil beerie	4.2 NAN		ĺ				
STREET ACCRESS			4.3 STR		HESS			*	
CITY-ST-ZIP			4.4 CITY						
TITLE		DELETE	5 1117					Change Addition	
NAME		<del></del>	5 2 NAN						
STREET ADDRESS			5.3 STR	ET ADO	RESS				
CITY-S1-ZIP			5.4 CIT	- \$1 - 21	P				
TITLE		DELETE	6. 1 TIT					Change   Addition	
NAME			6 2 NAN	!E					
STREET ADDRESS			6.3 STR	ET ADE	RESS				
CITY-ST-ZIP			6 4 CIT	- 51 - 21	P				

14. To 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), Fiorida 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 13 if changed or on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96