

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

**APPROVED
AND
FILED**

50 MAY - 1 FILE 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

DOCUMENT # **P94000017807 (6)**

ACORN, INC.

Principal Place of Business: **ROUTE 9931, KM 8.9, SAN LORENZO, PUERTO RICO 00754**
 Mailing Address: **C/O GIBRALTER P.R. INC., P.O. BOX 949, SAN LORENZO, PUERTO RICO 00754**

(PLEASE WRITE IN THIS SPACE)

2. Date of Incorporation: **03/08/1994** 3a. Date of Last Report

4. Filing Number: **52-1872440** Applied Fee: **\$8.75 Additional Fee Required**

5. Length of State Dues: **\$5.00 May Be Added to Fees**

6. Election Campaign Financing Trust Fund Contribution:

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

21. State Agent: **26. Mailing Agent**

22. City, State: **27. City, State**

24. **25. 28. 30.**

9. Name and Address of Current Registered Agent: **THE PRENTICE-HALL CORPORATION SYSTEM, INC., 1201 HAYS ST., SUITE 105, TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent: **B1 Name, B2 Street Address, B3, B4 City, B5 Zip Code: FL**

11. Pursuant to the provisions of Sections 601.05(2) and 601.05(3), 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 601.05(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHARITABLE OFFICERS AND DIRECTORS	
NAME: D MAXWELL, SETH	STREET ADDRESS: C/O ROUTE 9931, KM 8.9, SAN LORENZO, PUERTO RICO 00754	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
NAME: D LUDWIG, SOLOMON	STREET ADDRESS: C/O ROUTE 9931, KM 8.9, SAN LORENZO, PUERTO RICO 00754	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
NAME: D ONDINA, MARINA A	STREET ADDRESS: C/O ROUTE 9931, KM 8.9, SAN LORENZO, PUERTO RICO 00754	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
NAME:	STREET ADDRESS:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
NAME:	STREET ADDRESS:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
NAME:	STREET ADDRESS:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
NAME:	STREET ADDRESS:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Add/In

14. This hereby certifies that the information filed with the Secretary of State is true and correct, and that the corporation is qualified to do business in the State of Florida. I hereby certify that the information filed with the Secretary of State is true and correct, and that the corporation is qualified to do business in the State of Florida. I hereby certify that the information filed with the Secretary of State is true and correct, and that the corporation is qualified to do business in the State of Florida.

SIGNATURE: *Marina A. Ondina* Marina A. Ondina, Secretary-Treasurer (809) 736-6776