

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000044968 (3)**

1. Corporation Name

ACD OF SOUTH FLORIDA, INC.



Principal Place of Business: **6770 SW 39TH ST MIAMI FL 33155**
Mailing Address: **6770 SW 39TH ST MIAMI FL 33155**

3. Date Incorporated or Qualified: **06/13/1994**
3a. Date of Last Report: **03/27/1995**
4. FEI Number: **65-0500857**
Applied For: Not Applicable
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: **6770 SW 39TH ST MIAMI FL 33155**
2a. Mailing Address: **6770 SW 39TH ST MIAMI FL 33155**
21. Suite, Apt. #, etc.:
22. City & State:
23. Zip: **33155** Country:
24. Zip: **33155** Country:

9. Name and Address of Current Registered Agent
**FERNANDEZ, DAVID
6770 SW 39TH ST
MIAMI FL 33155**

10. Name and Address of New Registered Agent
81. Name: **VICTOR L. RODRIGUEZ**
82. Street Address (P.O. Box Number is Not Acceptable): **6800 SW 40 ST. SUITE 135**
83. City: **MIAMI** State: **FL** Zip Code: **33155**

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: *Victor L. Rodriguez* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, DAVID	
STREET ADDRESS	6770 SW 39TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VICTOR L. RODRIGUEZ	
1.3 STREET ADDRESS	6800 SW 40 ST. SUITE 135	
1.4 CITY-ST-ZIP	MIAMI FL 33155-3708	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JORGE R. FERNANDEZ	
2.3 STREET ADDRESS	6800 SW 40 ST. SUITE 135	
2.4 CITY-ST-ZIP	MIAMI FL 33155-3708	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	YURI HERNANDEZ	
3.3 STREET ADDRESS	6800 SW 40 ST. SUITE 135	
3.4 CITY-ST-ZIP	MIAMI FL 33155-3708	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 the corporation; 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: *Victor L. Rodriguez* (305) 1-16-96 498-5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)