

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 6:55

DOCUMENT # **P94000050073 (3)**

1. Corporation Name

ACME MERCHANDISE (MIAMI) CORPORATION

Principal Place of Business

Mailing Address

~~670 DICK REE ESQ~~ CHIH-TE JAO ~~670 DICK REE ESQ~~ CHIH-TE JAO
~~3250 MARY STREET, SUITE 202~~ 1316 N.W. 78th Ave. ~~3250 MARY STREET, SUITE 202~~ 1316 N.W. 78th Ave.
~~MIAMI FL 33133~~ MIAMI, FL 33126 ~~MIAMI FL 33133~~ MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE.

| | | | | | | | |
|--------------------------------|--|---------------------|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 06/29/1994 | | | |
| 22 | | 27 | | 4. FEI Number | | Applied For | |
| City & State | | City & State | | 65-0513264 | | Not Applicable | |
| 23 | | 28 | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| Zip | | Country | | Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| 24 | | 29 | | 30 | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | |
| | | | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| LEE, DICK REE ESQ. CHIH-TE JAO 3250 MARY STREET 1316 N.W. 78 Ave. SUITE 202 MIAMI, FL 33126 MIAMI FL 33133 | | | | B1 Name | | | |
| | | | | B2 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | B3 | | | |
| | | | | B4 City | | | |
| | | | | B5 Zip Code | | | |
| | | | | FL | | | |

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: *Jao Chih-Te* DATE: 03/29/95

| | | | |
|----------------------------|------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHEN, JEAN | 1.2 NAME | |
| STREET ADDRESS | 3250 MARY STREET, SUITE #202 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33133 | 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | CHIH-TE JAO | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1316 N.W. 78 Ave. | 2.2 NAME | |
| STREET ADDRESS | MIAMI, FL 33126 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 110.07(3)(b), 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 or the receiver or trustee empowered to execute this report as required by Chapter 207, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Jao Chih-Te* CHIH-TE JAO DATE: 03/29/95 (305) 599-1081