

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 AM 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S31766** (6)

1. Corporation Name
ACM GENERAL DESIGNERS, INC.

Principal Place of Business Mailing Address
9911 SW 136 CT MIAMI FL 33186 **9911 SW 136 CT MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/12/1991** 3a. Date of Last Report **08/17/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **65-0258073** Applied For Not Applicable

21. State, Apt #, etc 26. State, Apt #, etc

5. Certificate of Status Desired \$8.75 Additional Fee Required

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23. City & State 28. City & State

8. This corporation has liability for intangible tax under 5-199.032 Florida Statutes Yes No

24. Zip 25. Locality 29. Zip 30. Locality

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

SANCHEZ, ALVARO
9911 SW 136 CT
MIAMI FL 33186

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.09(2) and 607.11(8), 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 607.09(5), Florida Statutes.

SIGNATURE

Signature of person named as registered agent (Print Name)

Signature of person named as registered agent (Print Name)

(AM)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 12)

1. TITLE **PD**
2. NAME **SANCHEZ, ALVARO**
3. STREET ADDRESS **9911 SW 136 CT**
4. CITY, ST, ZIP **MIAMI FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

1. TITLE **STD**
2. NAME **SANCHEZ, CARMEN**
3. STREET ADDRESS **9911 SW 136 CT**
4. CITY, ST, ZIP **MIAMI FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 appointed by court in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: **CARMEN SANCHEZ**
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95