

**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 # **S47156 (2)**

1. Corporation Name  
**ACM GROUP, INC.**



Principal Place of Business Mailing Address  
**5052 NW 74 AVE MIAMI FL 33166**

3. Date Incorporated or Qualified <b>04/23/1991</b>	3a. Date of Last Report <b>03/22/1995</b>
4. FEI Number <b>65-0257824</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21] State, Apt. #, etc. 22] City & State 23] Zip 24] Country	2a. Mailing Address 26] Suite, Apt. #, etc. 27] City & State 28] Zip 29] Country
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9. Name and Address of Current Registered Agent <b>MONICO, AMAURY CAMARGO 5052 NW 74 AVE MIAMI FL 33166</b>	10. Name and Address of New Registered Agent 81] Name 82] Street Address (P.O. Box Number is Not Acceptable) 83] 84] City 85] Zip Code <b>FL</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature is required for principal place of registered office, and if that applies. (NOTE: Registered Agent signature is required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PST</b>	NAME <b>MONICO, AMAURY CAMARGO</b>	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>11 ISLAND AVENUE, SUITE 1908</b>	CITY, ST, ZIP <b>MIAMI BEACH FL</b>	12 NAME	
TITLE <b>D</b>	NAME <b>MONICO, AMAURY CAMARGO</b>	13 STREET ADDRESS	
STREET ADDRESS <b>11 ISLAND AVENUE, SUITE 1908</b>	CITY, ST, ZIP <b>MIAMI BEACH FL</b>	14 CITY - ST - ZIP	
TITLE <b>D</b>	NAME <b>TANNUS NETO, SALIM J.</b>	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>11 ISLAND AVE. #1908</b>	CITY, ST, ZIP <b>MIAMI BEACH FL</b>	2. 2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	2. 3 STREET ADDRESS	
NAME	CITY, ST, ZIP	2. 4 CITY - ST - ZIP	
STREET ADDRESS	TITLE <input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	NAME	3. 2 NAME	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	3. 3 STREET ADDRESS	
NAME	CITY, ST, ZIP	3. 4 CITY - ST - ZIP	
STREET ADDRESS	TITLE <input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	NAME	4. 2 NAME	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	4. 3 STREET ADDRESS	
NAME	CITY, ST, ZIP	4. 4 CITY - ST - ZIP	
STREET ADDRESS	TITLE <input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	NAME	5. 2 NAME	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	5. 3 STREET ADDRESS	
NAME	CITY, ST, ZIP	5. 4 CITY - ST - ZIP	
STREET ADDRESS	TITLE <input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	NAME	6. 2 NAME	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	6. 3 STREET ADDRESS	
NAME	CITY, ST, ZIP	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 subsequent 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 this corporation or the officer 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 attached sheet with an address.

SIGNATURE: *[Signature]* DATE: **03/08/96** (205/593693)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)