

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morinham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 10:09

DOCUMENT # **V59831** (0)

1. Corporation Name
ACV PROPERTIES, INC.

Principal Place of Business
**1800 N.W. 21ST TERRACE
MIAMI FL 33142**

Mailing Address
**1800 N.W. 21ST TERRACE
MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/20/1992

3a. Date of Last Report
03/18/1994

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

4. FEI Number
65-0354885

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAPOPORT, ALLEN J.
250 BIRD RD.
CORAL GABLES FL 33146**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PD**
NAME: **MENDEZ, M F**
STREET ADDRESS: **1700 NW N RICAR DR. #1008**
CITY-ST-ZIP: **MIAMI FL**

1.1 TITLE: Change Addition
1.2 NAME: **MENDEZ, MANNY**
1.3 STREET ADDRESS: **1700 NW North River Drive #1006**
1.4 CITY-ST-ZIP: **MIAMI, FLA 33125**

TITLE: **TSD**
NAME: **MENDEZ, GINA**
STREET ADDRESS: **1700 NW N RICAR DR. #1008**
CITY-ST-ZIP: **MIAMI FL**

2.1 TITLE: **Soc./TRES.** Change Addition
2.2 NAME: **MENDEZ, GINA**
2.3 STREET ADDRESS: **1700 NW North River Dr. #1006**
2.4 CITY-ST-ZIP: **MIAMI, FLA 33125**

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

3.1 TITLE: _____ Change Addition
3.2 NAME: _____
3.3 STREET ADDRESS: _____
3.4 CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

4.1 TITLE: _____ Change Addition
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

5.1 TITLE: _____ Change Addition
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

6.1 TITLE: _____ Change 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 110.07(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 or 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 as an attachment with an address.

SIGNATURE: *Manny Mendez* **MANNY MENDEZ** 1/18/95 **(905) 545-9146**
Typed or printed name of signing officer or director