

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V59831 (0)**  
1. Corporation Name

**ACV Properties, Inc.**

Principal Place of Business: **1830 NW 21 TERRACE MIAMI, FL 33142**  
Mailing Address: **1830 NW 21 TERRACE MIAMI, FL 33142**

3. Date Incorporated or Qualified: **08/20/1992**  
3a. Date of Last Report: **01/24/1995**  
4. FEI Number: **05-0354885**  
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 franchise fee tax under s. 199.032 Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite/Apt. #, etc.  
22 City & State  
23 Zip Country  
24  
2a. Mailing Address: 26 Suite/Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent  
**Rapoport Allen J.  
250 BIRD ROAD  
COTAL COABLES, FL 33146**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Numbers 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>Mendez, Manny</b>	
STREET ADDRESS	<b>1700 NW N. RIVER DR., #1006</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33125</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>Mendez, Gina</b>	
STREET ADDRESS	<b>1700 NW N. RIVER DR., #1006</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33125</b>	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**200001762212**  
**-03/29/96--01022--018**  
**\*\*\*200.00**

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)(f), Florida Statutes. I further certify that the information included 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 and 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 on Block 12 or Block 13 or on an attachment with an address.

SIGNATURE **Gina Mendez - Sec. Tres.** **3/25/96** **545-9046**  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CS 3/28/96**

CR2E034 (12/95)