

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 13 PM 1:55

DOCUMENT # P92000012719 (0)

1. Corporation Name
AKI (APARICIO KIRSCHNER), INC.

Principal Place of Business Mailing Address
731 SW 69TH AVE. **731 SW 69TH AVE.**
PEMBROKE PINES FL 33023 **PEMBROKE PINES FL 33023**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
12/16/1992 **01/19/1994**

2. Principal Place of Business 2a. Mailing Address
21 **2900 N.W. 75th STREET** 25
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For
65-0378769 Not Applicable

22 27
City & State City & State
MIAMI, FLORIDA 28

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

23 28
Zip Country Zip Country

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

24 25 29 30
33147 Country Country

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

KIRSCHNER, JACK B
731 SW 69TH AVE.
PEMBROKE PINES FL 33023

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 607.0502 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 file if applicable) (NOTE: Registered Agent signature required when renewing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	APARICIO, HERNANDO
STREET ADDRESS	731 SW 69TH AVE.
CITY - ST - ZIP	PEMBROKE PINES FL 33023
TITLE	D
NAME	KIRSCHNER, JACK B
STREET ADDRESS	731 SW 69TH AVE.
CITY - ST - ZIP	PEMBROKE PINES FL 33023
TITLE	D
NAME	KIRSCHNER, JACK A
STREET ADDRESS	731 SW 69TH AVE.
CITY - ST - ZIP	PEMBROKE PINES FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	NO LONGER WITH THE COMPANY
3	STREET ADDRESS	
4	CITY - ST - ZIP	
21	TITLE	
22	NAME	
23	STREET ADDRESS	
24	CITY - ST - ZIP	
31	TITLE	
32	NAME	
33	STREET ADDRESS	
34	CITY - ST - ZIP	
41	TITLE	
42	NAME	D KIRSCHNER, RICHARD B. 13215 S.W. 57th TERRACE BLDG 20 #7 MIAMI, FLORIDA 33183
43	STREET ADDRESS	
44	CITY - ST - ZIP	
51	TITLE	
52	NAME	
53	STREET ADDRESS	
54	CITY - ST - ZIP	
61	TITLE	
62	NAME	
63	STREET ADDRESS	
64	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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jack B. Kirschner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACK B. KIRSCHNER PRESIDENT

4/10/95 305-696-5626
(Date) (Telephone)