

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F10818 (5)

1. Corporation Name  
ACLM CORP.

Principal Place of Business

825 SO BAYSHORE DR  
TOWER III STE 1643  
MIAMI FL 33131

Mailing Address

825 SO BAYSHORE DR  
TOWER III STE 1643  
MIAMI FL 33131-26363. Date Incorporated or Qualified  
12/01/19803a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 825 BRICKELL BAY DRIVE

2a. Mailing Address

26 825 BRICKELL BAY DRIVE

4. FEI Number

59-2044603

Applied For

Not Applicable

Suite, Apt. #, etc.

22 TOWER III SUITE 1643

Suite, Apt. #, etc.

27 TOWER III SUITE 1643

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

City &amp; State

23 MIAMI, FL

City &amp; State

28 MIAMI, FL

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

Zip

24 33131

Country

25 USA

Zip

29 33131

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PAUL, JOSEPH A.  
825 SOUTH BAYSHORE DRIVE  
TOWER II, SUITE 1643  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

LAURANS A. MENDELSON

82 Street Address (P.O. Box Number is Not Acceptable)

825 BRICKELL BAY DRIVE

83 SUITE 1643

84 City

MIAMI

FL

85 Zip Code

33131

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 title, if applicable

LAURANS A. MENDELSON

(NOTE: Registered Agent signature required when reinstating)

4/11/97

DATE

12. OFFICERS AND DIRECTORS

TITLE AS ☐ DELETENAME VETTER, JUDITH  
STREET ADDRESS 825 SO BAYSHORE DR #1643  
CITY-STATE-ZIP MIAMI, FL 00000TITLE P ☐ DELETENAME MENDELSON, LAURANS A  
STREET ADDRESS 825 SO BAYSHORE DR #1643  
CITY-STATE-ZIP MIAMI, FL 00000TITLE S ☐ DELETENAME MENDELSON, ARLENE  
STREET ADDRESS 825 SO BAYSHORE DR #1643  
CITY-STATE-ZIP MIAMI FLTITLE VP ☒ DELETENAME PAUL, JOSEPH A.  
STREET ADDRESS 825 S. BAYSHORE DR.  
CITY-STATE-ZIP MIAMI FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or in an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURANS A. MENDELSON 4/11/97 (305) 374-1744

Date

Daytime Phone #

0171430

CR2E034 (9/96)