

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F11880** (4)

1. Corporation Name  
**A & H INVESTMENTS COMPANY**



Principal Place of Business Mailing Address  
~~8420 W FLAGLER ST #223 A MIAMI FL 33144~~  
0420 W FLAGLER ST #223 A MIAMI FL 33144  
8788 S.W. 8th St. Miami, Fla. 33174

2. Principal Place of Business  
21 8788 SW 8th Street  
Suite, Apt. #, etc.  
22  
City & State  
23 Miami, Florida  
Zip Country  
24 33174 25 USA  
2a. Mailing Address  
26 8788 SW 8th Street  
Suite, Apt. #, etc.  
27  
City & State  
28 Miami, Florida  
Zip Country  
29 33174 30 USA

3. Date Incorporated or Qualified **01/07/1981** 3a. Date of Last Report **02/16/1995**  
4. FEI Number **65-0038170** 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  
~~DEVAL VIVIAN~~  
~~8420 W FLAGLER ST #223 A~~  
~~MIAMI FL 33144~~

10. Name and Address of New Registered Agent  
81 Name **ACEBO, HUGO**  
82 Street Address (P.O. Box Number is Not Acceptable) **8788 SW 8th Street**  
83  
84 City **Miami** FL 85 Zip Code **33174**

11. Pursuant to the provisions of Sections 607.0532 and 607.1504, 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 607.0535, Florida Statutes.

SIGNATURE *[Signature]*

12. OFFICERS AND DIRECTORS

TITLE	<del>P/D</del>	<input type="checkbox"/> DELETE
NAME	<del>DEVAL VIVIAN</del>	
STREET ADDRESS	<del>8420 W FLAGLER ST #223 A</del>	
CITY-ST-ZIP	<del>MIAMI, FL 00000</del>	
TITLE	<del>P/D</del>	<input type="checkbox"/> DELETE
NAME	<b>ACEBO, OMNIS B</b>	
STREET ADDRESS	<del>8420 W FLAGLER ST #223 A</del>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DELGADO, LAURA</b>	
STREET ADDRESS	<del>8420 W FLAGLER ST #223 A</del>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
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	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>ACEBO, HUGO</b>	
13 STREET ADDRESS	<b>8788 SW 8th Street</b>	
14 CITY-ST-ZIP	<b>Miami, Florida 33174</b>	
21 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>ACEBO, OMNIS B.</b>	
23 STREET ADDRESS	<b>8788 SW 8th Street</b>	
24 CITY-ST-ZIP	<b>Miami, Florida 33174</b>	
31 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>DELGADO, LAURA</b>	
33 STREET ADDRESS	<b>8788 SW 8th Street</b>	
34 CITY-ST-ZIP	<b>Miami, Florida 33174</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
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 119.07(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 on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 1996 (305) 559-2727  
Date Filing Date

CR2E034 (12/95)