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**APPROVED
AND
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**CORPORATION
ANNUAL REPORT
1995**



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

95 FEB 27 PM 12: 23

DOCUMENT # G99298 (3)

1. Corporation Name
A C O INTERNATIONAL CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**C/O OLIMPIA CORRIPIO
404 N.W. 60TH AVE.
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/06/1984	3a. Date of Last Report 03/28/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2380030	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CORRIPIO, OLIMPIA 404 N.W. 60TH AVE. MIAMI FL 33126				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 _____ (NOTE: Registered Agent signature required when applicable) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE	PD	1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRIPIO, OLIMPIA	2	NAME
STREET ADDRESS	404 N.W. 60TH AVE.	3	STREET ADDRESS
CITY - ST - ZIP	MIAMI FL	4	CITY - ST - ZIP
TITLE		21	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22	NAME
STREET ADDRESS		23	STREET ADDRESS
CITY - ST - ZIP		24	CITY - ST - ZIP
TITLE		31	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32	NAME
STREET ADDRESS		33	STREET ADDRESS
CITY - ST - ZIP		34	CITY - ST - ZIP
TITLE		41	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42	NAME
STREET ADDRESS		43	STREET ADDRESS
CITY - ST - ZIP		44	CITY - ST - ZIP
TITLE		51	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52	NAME
STREET ADDRESS		53	STREET ADDRESS
CITY - ST - ZIP		54	CITY - ST - ZIP
TITLE		61	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62	NAME
STREET ADDRESS		63	STREET ADDRESS
CITY - ST - ZIP		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)(b), Florida Statutes. I further certify that the information indicated on the 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: *Olimpia Corripio* 02/21/94 305-262 0997
SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR Date Telephone Number