

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J81913

1. Corporation Name

AMERICE, INC.

(2)



Principal Place of Business

915 MIDDLE RIVER DR. #506
FT. LAUDERDALE FL 33304-3500

Mailing Address

915 MIDDLE RIVER DR. #506
FT. LAUDERDALE FL 33304-3500

3. Date Incorporated or Qualified 07/02/1987	3a. Date of Last Report 03/06/1995
4. FEI Number 59-2827760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORAITIS, GEORGE R., ESQ.
915 MIDDLE RIVER DR. #506
FT. LAUDERDALE FL 33304

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

Date:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD OTOYA-KANELAKIS, M. 1800 S. OCEAN BLVD #1501 POMPANO BEACH FL	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD OTOYA, ALBERTO JOSE 1800 S. OCEAN BLVD #1501 POMPANO BEACH FL	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Otoya, Alberto Jose
STREET ADDRESS		2.3 STREET ADDRESS	1800 S. Ocean Blvd. #1501
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Pompano Beach, FL
TITLE	STD OTOYA, BLANCA 1800 S. OCEAN BLVD #1501 POMPANO BEACH FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Otoya, Eduardo
STREET ADDRESS		4.3 STREET ADDRESS	1800 S. Ocean Blvd. #1501
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pompano Beach, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Otoya, Ricardo
STREET ADDRESS		5.3 STREET ADDRESS	1800 S. Ocean Blvd., #1501
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Pompano Beach, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Otoya, Maria Cecilia
STREET ADDRESS		6.3 STREET ADDRESS	1800 S. Ocean Blvd, #1501
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Pompano Beach, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for protection under 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 or is changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR:
Date: 2/2/96 Daytime Phone #: 305.782.3882

CR2E034 (12/95)