SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:18

DOCUMENT # **K76336** **(2)**

1. Corporation Name
ACER LATIN AMERICA, INC.

Principal Place of Business	Mailing Address
1601 NW 84 AVE. MIAMI FL 33126 US	1601 NW 84 AVE. MIAMI FL 33126 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/29/1989
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0130985 ☐ 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 interest tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	CHAIRMAN	☒ Change ☐ Addition
NAME	HUNG, MAX	12 NAME	JUAN M ROJAS	
STREET ADDRESS	2655 LE JEUNE ROAD, STE 904	13 STREET ADDRESS	1601 NW 84 AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	14 CITY-ST-ZIP	MIAMI , FL 33126	
TITLE	TD	21 TITLE	VICE-CHAIRMAN	☒ Change ☐ Addition
NAME	CHANG, RICHARD	22 NAME	MAX HUNG	
STREET ADDRESS	2655 LE JEUNE ROAD, STE 904	23 STREET ADDRESS	1601 NW 84 AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	24 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	SD	31 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	LIN, GEORGE	32 NAME	ARMANDO JINICH	
STREET ADDRESS	2655 LE JEUNE ROAD, STE 904	33 STREET ADDRESS	1601 NW 84 AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	34 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	CD	41 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	LU, WILLIAM	42 NAME	ALBERTO LEDERMAN	
STREET ADDRESS	2655 LE JEUNE ROAD, STE 904	43 STREET ADDRESS	1601 NW 84 AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	44 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		51 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		52 NAME	MARIO TEUFFER	
STREET ADDRESS		53 STREET ADDRESS	1601 NW 84 AVE	
CITY-ST-ZIP		54 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		61 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		62 NAME	JOSE BORDA	
STREET ADDRESS		63 STREET ADDRESS	1601 NW 84 AVE	
CITY-ST-ZIP		64 CITY-ST-ZIP	MIAMI, FL 33126	

CR2E034 (3/95)

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)(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 if changed, or on an attachment with an address.

SIGNATURE: _____ 6-20-95 (305) 477-8119
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0034810 CP