FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
1995 APR 28 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/01/95--01089--021
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # L38140 (4)

1. Corporation Name
I.A.C.E. ASSOCIATES, INC.

Principal Place of Business
1036 SW FIRST ST.
MIAMI FL 33130
US

Mailing Address
1036 SW FIRST ST.
MIAMI FL 33130
US

3. Date Incorporated or Qualified: 12/26/1989
3a. Date of Last Report: 06/06/1994
4. FEI Number: 65-0172232 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 1036 S.W. 1 ST.
Suite, Apt. #, etc.
22
City & State
23 MIAMI FLORIDA.
Zip 24 33130 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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
FLA ANNUAL REPORT SERVICE/CANTERA & ASSOC.
1036 SW 1ST STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name: FLORIDA ANNUAL REPORT SERVICES/CANTERA &
82 Street Address (P.O. Box Number is Not Acceptable): AND ASSOCIATES INC. 1036 S.W. 1ST.
83
84 City: MIAMI FL 85 Zip Code: 33130

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] AMADA C. LOPEZ, PRES 4/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHARUR, CARLOS
STREET ADDRESS	6201 SW 135 ST
CITY ST ZIP	MIAMI FL
TITLE	VD
NAME	CHARUR, IRMA
STREET ADDRESS	10424 SW 79TH PL
CITY ST ZIP	MIAMI FL
TITLE	STD
NAME	CHARUR, EMILIO
STREET ADDRESS	302 POINCIANA ISL 160 ST
CITY ST ZIP	N MIAMI BEACH FL
TITLE	S
NAME	CHARUR, ELIAS A.
STREET ADDRESS	9165 FOUNTAINBLEAU BLVD.
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST 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 ST ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME	DB 4/28	
6 3 STREET ADDRESS		
6 4 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)(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: [signature] Pres. 4/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CARLOS CHARUR

0128314 CP