FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

96 MAY -1 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **L38140** **(4)**

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

Principal Place of Business	Mailing Address
1036 S.W. 1 ST. MIAMI FL 33130 US	1036 S.W. 1 ST. MIAMI FL 33130 US

3. Date Incorporated or Qualified: **12/26/1989**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business
21 2300 CORAL WAY
Suite, Apt. #, etc.
22
City & State
23 MIAMI FLORIDA,
Zip 24 33145 Country 25 US.

2a. Mailing Address
26 2300 CORAL WAY
Suite, Apt. #, etc.
27
City & State
28 MIAMI FLORIDA,
Zip 29 33145 Country 30 US.

4. FEI Number: **65-0172232** ☐ 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

FLORIDA ANNUAL REPORT SERVICES INC
1036 SW 1ST STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable): 2300 CORAL WAY SUITE # 200
83
84 City: MIAMI FL 85 Zip Code: 33145

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: AMADA CANTERA LOPEZ. PRES DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	CHARUR, CARLOS		12 NAME	
STREET ADDRESS	6201 SW 135 ST		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	CHARUR, IRMA		22 NAME	
STREET ADDRESS	10424 SW 79TH PL		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	CHARUR, EMILIO		32 NAME	
STREET ADDRESS	302 POINCIANA ISL 160 ST		33 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL		34 CITY-ST-ZIP	
TITLE	S	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	CHARUR, ELIAS A.		42 NAME	
STREET ADDRESS	9165 FOUNTAINBLEAU BLVD.		43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

300001681[illegible] Change Addition
-05/08/96--01060--024
****200.00 ****200.00

$150

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: [illegible] 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

[illegible]

CR2E034 (12/95)