

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
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97 APR 30 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L38140

(4)

1. Corporation Name

I.A.C.E. ASSOCIATES, INC.



Principal Place of Business 2300 CORAL WAY MIAMI FL 33145 US	Mailing Address 2300 CORAL WAY MIAMI FL 33145-3511 US
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3. Date Incorporated or Qualified 12/26/1989	3a. Date of Last Report 05/01/1996
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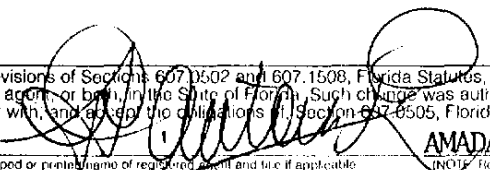
2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. 22 # 200 City & State 23 MIAMI FLORIDA Zip 24 33145	2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. 27 # 200 City & State 28 MIAMI FLORIDA Zip 29 33145	Country 25 US Country 30 US
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4. 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 2300 CORAL WAY #200 MIAMI FL 33145	
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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

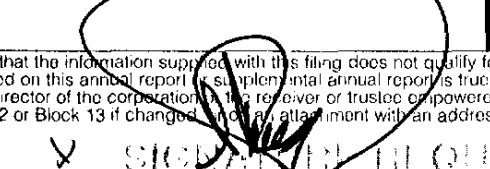
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  AMADA CANTERA LOPEZ, PRES
Signature, typed or printed name of registered agent and true if applicable (NOT: Registered Agent Signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARUR, CARLOS 6201 SW 135 ST MIAMI FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHARUR, IRMA 10424 SW 79TH PL MIAMI FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHARUR, EMILIO 302 POINCIANA ISL 160 ST N MIAMI BEACH FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHARUR, ELIAS A. 9165 FOUNTAINBLEAU BLVD. MIAMI FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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, 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. I attach an attachment with an address.

SIGNATURE:  4/23/97

CR2E034 (9/96)