

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M43669 (4)**

1. Corporation Name

**1ST ACCOUNTING GROUP, INC.**

Principal Place of Business

Mailing Address

7270 NW 12 STR  
STE 700  
MIAMI FL 33126-8929  
US

7270 NW 12 STR  
STE 700  
MIAMI FL 33126-8929  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/22/1986** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-2750649** 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. 100.022, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **7270 N.W. 12th St.**

26 **7270 N.W. 12th St.**

22 Suite, Apt. #, etc. **Suite 340**

27 Suite, Apt. #, etc. **Suite 340**

23 City & State **Miami, FL**

28 City & State **Miami, FL**

24 Zip **33126-1928** 25 Country

29 Zip **33126-1928** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEL VALLE, MANUEL R.  
7270 N.W. 12TH ST. SUITE 700  
MIAMI FL 33126**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)  
**Note: Only change is Suite 340**

B3

B4 City

**FL**

B5 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 of registration

NOTE: Registered Agent Signature required when consolidating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPST**  
NAME **DEL VALLE, MANUEL R.**  
STREET ADDRESS **14435 S.W. 84TH CT.**  
CITY ST ZIP **MIAMI FL**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP **33158**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 110.07(3)(b), 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:

*Manuel R. del Valle*

Manuel R. del Valle

4-25-95

(305) 477-2234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number