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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M49613 (6)

1. Corporation Name
ACOSTA'S ENTERPRISES CORP.

Principal Place of Business
1581 BRICKELL AVE STE 2306
MIAMI FL 33129

Mailing Address
1581 BRICKELL AVE STE 2306
MIAMI FL 33129-1241



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
04/02/1987

3a. Date of Last Report
02/09/1996

4. FEI Number

59-2800618

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

ACOSTA, PEDRO N.
1581 BRICKELL AVE STE 2306
MIAMI FL 33129

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

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 ACOSTA, PEDRO N.
STREET ADDRESS 6515 SW 55TH LANE
CITY- ST- ZIP MIAMI FL

DELETE

TITLE VD
NAME ACOSTA, OMAR M.
STREET ADDRESS 6515 SW 55TH LANE
CITY- ST- ZIP MIAMI FL

DELETE

TITLE SD
NAME ACOSTA, CLARITZA
STREET ADDRESS 6515 SW 55TH LANE
CITY- ST- ZIP MIAMI FL

DELETE

TITLE TD
NAME ACOSTA, LINA C
STREET ADDRESS 6515 SW 55TH LANE
CITY- ST- ZIP 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

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 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 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 only, and no changes, or on attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro N. Acosta

4-29-97

(305) 158-9184

Date

Daytime Phone #

CR2E034 (9/96)