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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M82315 (6)
1. Corporation Name
ATLANTIC COAST INVESTIGATIONS, INC.



Principal Place of Business
8081 NW 67TH ST.
7971 N.W. 67TH STREET
MIAMI FL 33166
US

Mailing Address
8081 NW 67TH ST.
7971 N.W. 67TH STREET
MIAMI FL 33166-2600
US

3. Date Incorporated or Qualified 05/20/1988 3a. Date of Last Report 05/01/1996
4. FEI Number 65-0059677 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

2. Principal Place of Business 2a. Mailing Address
21 15327 NW 60th Ave 26 15327 NW 60th Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 255 27 255
City & State City & State
23 MIAMI LAKES FL 28 MIAMI LAKES FL
Zip Country Zip Country
24 33014 25 DADE 29 33014 30 DADE

9. Name and Address of Current Registered Agent
REY, JUAN C
8081 NW 67TH ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name Rey, JUAN C
82 Street Address (P.O. Box Number is Not Acceptable) 15327 NW 60th Ave
83 # 255
84 City MIAMI LAKES FL 85 Zip Code 33014

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 with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*
Signature of the current registered agent and his or her office, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	REY, JUAN C.	8081 NW 67 ST.	MIAMI FL 33166	
	HAMM, YVONNE M.,	8081 NW 67 ST.	MIAMI FL 33166	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	REY, JUAN C	15327 NW 60th Ave #255	MIAMI LAKES FL 33014	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Hamm, YVONNE M	15327 NW 60th Ave #255	MIAMI LAKES FL 33014	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0224966

CR2E034 (9/96)