

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M87758** (2)

1. Corporation Name
ACEVEDO, INC.



Principal Place of Business

**1127 FAIRLAKE TRACE
2109
FT. LAUDERDALE FL 33326
US**

Mailing Address

**1127 FAIRLAKE TRACE
2109
FT. LAUDERDALE FL 33326
US**

2. Principal Place of Business	2a. Mailing Address
21 11050 SW 82 AVE	26 275 GATEWAY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 156
City & State	City & State
23 MIAMI, FL	28 PACIFICA, CA
Zip	Zip
24 33156	29 94044
Country	Country
25 US	30 US

3. Date Incorporated or Qualified 06/01/1988	3a. Date of Last Report 04/21/1995
4. FEI Number 65-0164516	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ACEVEDO, CARLOS M
11050 SW 82 AVE
#6
MIAMI FL 33156**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS <input type="checkbox"/> DELETE	1. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACEVEDO, CARLOS M	1. 2 NAME	ACEVEDO, CARLOS M
STREET ADDRESS	1127 FAIRLAKE TRACE, STE 2109	1. 3 STREET ADDRESS	275 GATEWAY DR. SUITE 156
CITY - ST - ZIP	FT. LAUDERDALE FL	1. 4 CITY - ST - ZIP	PACIFICA, CA 94044
TITLE	D <input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACEVEDO, MANUEL	2. 2 NAME	
STREET ADDRESS	11050 SW 82 AVE	2. 3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2. 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. 2 NAME	
STREET ADDRESS		3. 3 STREET ADDRESS	
CITY - ST - ZIP		3. 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY - ST - ZIP		4. 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY - ST - ZIP		5. 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY - ST - ZIP		6. 4 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 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: *Carlos M. Acevedo, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96

Date

415-738-1069

Daytime Phone #

CR2E034 (12/95)