2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000046085

1. Entity Name
ACM AMERICAS CORPORATION

FILED
04 DEC 16 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11162004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146	1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146

2. Principal Place of Business	3. Mailing Address
2730 S.W. 3rd Avenue	*2730 S.W. 3rd Avenue*
Suite, Apt. #, etc.: *# 602*	Suite, Apt. #, etc.: *# 602*
City & State: *Miami, Florida*	City & State: *Miami, Florida*
Zip: *33129* Country: *USA*	Zip: *33129* Country: *USA*

4. FEI Number: 75-3051743 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ DE VARONA, RAUL J
1320 SOUTH DIXIE HIGHWAY SUITE 280
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name: *Alvaro Castillo B., P.A.*
Street Address (P.O. Box Number is Not Acceptable): *1390 Brickell Avenue, Suite 200*
City: *Miami* **FL** Zip Code: *33131*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 11-16-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALLA, CARLOS 1643 BRICKELL AVE APT 1503 MIAMI, FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*D/P* *Chabebe, Ahmed* *2730 S.W. 3rd Avenue, Suite 602* *Miami, Florida 33129*	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*D/VP* *Malla, Carlos* *2730 S.W. 3rd Avenue, Suite 602* *Miami, Florida 33129*	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400043471714 12/16/04--01069--002 **61.25	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Carlos Malla 11-16-04 (305) 858-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #