

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

**CORPORATION ANNUAL REPORT 1995**

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



**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -7 AM 10:47

**DOCUMENT # P92000004441 (1)**  
1. Corporation Name  
**ACOBUS PROPERTIES, INC.**

Principal Place of Business Mailing Address  
**6841 SUNRISE COURT  
CORAL GABLES FL 33134** **1313 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **11/13/1992** 3a. Date of Last Report **02/04/1994**  
4. FEI Number **65-0386074** 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**  
6. This corporation has liability for intangible tax under s. 119.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SANCHEZ-GALARRAGA, JORGE ESO.  
1313 PONCE DE LEON BOULEVARD  
SUITE 301  
CORAL GABLES FL 33134-3343**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>MYRLE, ROBERT D</b>
STREET ADDRESS	<b>1313 PONCE DE LEON BLVD</b>
CITY - ST - ZIP	<b>CORAL GABLES, FL 33134-3343</b>
TITLE	<b>S</b>
NAME	<b>HEAVENER, XISBERK</b>
STREET ADDRESS	<b>1313 PONCE DE LEON BLVD</b>
CITY - ST - ZIP	<b>CORAL GABLES, FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Christopher D. Johnson</b>	
1.3 STREET ADDRESS	<b>1313 Ponce De Leon Blvd</b>	
1.4 CITY - ST - ZIP	<b>Coral Gables, FL 33134-3343</b>	
2.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Alun J. Davies</b>	
2.3 STREET ADDRESS	<b>1313 Ponce De Leon Blvd</b>	
2.4 CITY - ST - ZIP	<b>Coral Gables FL</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ALUN J. DAVIES *[Signature]* May 31, 1995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #  
**(305) 445-5351**