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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # P9300 AC ENTERPRISES, INC.	00021961 (6	3)			8808 0001 2200 1220 9200 9001 001 001
Principal Place	of Business	Mailing Address	······································			
100 NW 206TH TER MIAMI FL 33169		100 NW 206TH TER MIAMI FL 33169				
						. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address			03/24/1993 4. FEI Number	05/01/1995
1		26		65-0397533	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
City & State		27	· · · · · · · · · · · · · · · · · · ·			Fee Required
3		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip	Country		8. This corporation has liability for intang	Added to Fees
24	25	29	30		Florida Statutes Yes	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Regist	ered Agent
			81	Name		
DEMETRIUS, SENORA			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
100 NW 206TH TER MIAMI FL 33169			83			
MIN-OWI C	L 33 109					
			84	City		85 Zip Code
SIGNATURE	Signature, typed or printed name of registered ago		ott. Registered Ayort			ATE
TITLE	DPST	DELETE			ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition
NAME	DEMETRIUS, SENORA		1.2 NAME		La state	
STREET ADDRESS	100 NW 206TH TER		1.3 STREET	ADORESS		
CITY - ST - ZiP	MIAMI FL 33169		1.4 CITY - \$T - ZIP			
TITLE		☐ DELETE 2 1 221			Crange Addition	
NAME OSCICE ADDRESO						
STREET ADDRESS CITY-ST-7IP			23 STREET A			
]:][[DELETE		2.4 C/TY-ST 3 1 T/TLE	· ZiP		Change C Addition
NAME			3 2 NAME			☐ Chang∈ ☐ Addition
STREET ADDRESS			3 3 STREET	ADDRESS		
CITY - ST - ZIP			3.4 City - St	- ZIP		
HITLE	DELETE 4.17		4. 1 TITLE			☐ Change ☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET A			
CITY - ST - ZIP TITLE				-ZIP		Channe C Addition
NAME			5 2 NAME			Change Addition
STHEFT ADDRESS			5.3 STREET A	NDDRESS		
CITY-ST-ZIP		5.4 CH				
IITLE		☐ DELETE	6. 1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	DORESS		
14. 1 do hereby	certify that the information supplied	with this filing is valuatarily fund	64 CITY-ST-	-ZIP	r the exemption stated in Section 119.07(3)(k	F
oath; that I		vai report or supplemental annu oration or the receiver or trustee	uai report is true e empowered to		r trie exemption stated in Section 119.07(3)), e and that my signature shall have the same report as required by Chapter 607, Florida S	

4/25/96 305-652-6815