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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000038837 (9)**

1. Corporation Name

A.C.E. MANAGEMENT GROUP MIAMI, INC.

Principal Place of Business	Mailing Address
8346 NW SOUTH RIVER DR. SUITE M MIAMI FL 33166 US	P.O. BOX 571057 MIAMI FL 33157

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1993
3a. Date of Last Report: 07/14/1994

2. Principal Place of Business	2a. Mailing Address
21 7227 N.W. 32 ST.	26 7227 N.W. 32 ST.
Suite, Apt. #, etc 22 N/A.	Suite, Apt. #, etc 27 N/A.
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / County 24 33122 / 25 Dade	Zip / County 29 33122 / 30 Dade

4. FEI Number: 65-0407474 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUEDA, FRED 8963 SW 178TH TERR. MIAMI FL 33157	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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	RUEDA, FRED	12 NAME	
STREET ADDRESS	8963 SW 178TH TERR.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33157	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	SKYERS, WESLEY A	22 NAME	
STREET ADDRESS	8830 SW 123RD CT.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33186	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	AYMERICH, ADRIAN E	32 NAME	
STREET ADDRESS	6902 SW 88TH ST. #E205	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33156	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Wesley A. Skyers Wesley A. Skyers 4/24/95 (305) 887-4895
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

0431002 FP