

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

PROFIT
CORPORATION
ANNUAL REPORT

1996 3-22-96



FLORIDA DEPARTMENT OF STATE

Sandra B. Martham
Secretary of State

REGISTRATION OF CORPORATIONS

B 2587 C
DOCUMENT # P93000050000 (7)

1. Corporation Name

ACMIS CORP.

Principal Place of Business

1320 SOUTH DIXIE HWY.
SUITE 830
CORAL GABLES FL 33146

Mailing Address

1320 SOUTH DIXIE HWY.
SUITE 830
CORAL GABLES FL 33146



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BREIER, ROBERT G
1320 SOUTH DIXIE HWY.
SUITE 830
CORAL GABLES FL 33146

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 is required if changing address)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MILLER, GERALD S
STREET ADDRESS 300 - 71 ST., #635
CITY-ST-ZIP MIAMI BEACH FL 33141

DELETE

TITLE D
NAME OLIN, GERALD
STREET ADDRESS 300 - 71 ST., #635
CITY-ST-ZIP MIAMI BEACH FL 33141

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 3058687222

Department of State

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