

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2800 Ponce De Leon Blvd. Suite, Apt. #, etc. 22 Suite 1125 City & State 23 Coral Gables, Florida Zip Country 24 33134 25 USA	26 2800 Ponce De Leon Blvd. Suite, Apt. #, etc. 27 Suite 1125 City & State 28 Coral Gables, Florida Zip Country 29 33134 30 USA

3. Date Incorporated or Qualified 07/15/1993	4. FEI Number 65-0423622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

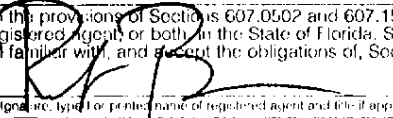
9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Robert G. Breier, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 2800 Ponce De Leon Blvd.
83 Suite 1125
84 City Coral Gables
85 Zip Code FL 33134

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:  **3/20/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, GERALD S	
STREET ADDRESS	300 - 71 ST., #635	
CITY - ST - ZIP	MIAMI BEACH FL 33141	
TITLE	G	<input checked="" type="checkbox"/> DELETE
NAME	OLIN, GERALD	
STREET ADDRESS	000 - 71 ST., #635	
CITY - ST - ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2800 Ponce De Leon Blvd., Suite 1125
1.4 CITY - ST - ZIP	Coral Gables, FL 33134
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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 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 partner 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 the attachment with an address.

 **Gerald S. Miller** **4/7/98** **(305) 969-7222**

CR2E034 (10/97)