## 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

DOCA	MENT # <b>P9300</b>	00052593 (	9)		
1. Corporation ACMI	E INTERNATIONAL, INC.	•			
Principal Place of Business Maling Address					iji odiki ebio: dilia dibbi bilka idibb kili iddi
976 FLORIDA CENTRAL PKWY SUITE 112 LONGWOOD FL 32750 976 FLORIDA CENTRAL SUITE 112 LONGWOOD FL 32750 LONGWOOD FL 32750			• •		
				<ol> <li>Date Incorporated or Qualified 07/23/1993</li> </ol>	3a. Date of Last Report 04/13/1995
	lace of Business	2a. Mailing Adoress		4. FEI Number	Applied For
21   26   Suite, Apt. #, etc.   Suite, Apt. # etc.				59-3194382	Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	[] \$8.75 Additional Fee Required
City & State		City & Stat∈		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country 25	Zip 29	Country	8. This corporation has liability for in	
	9. Name and Address of Current		30	Florida Statutes Yes  10. Name and Address of New Re	
			81 Name		- Barre
	G, HARRY		82 Street Add	ress (P.O. Box Number is Not Acceptabl	le)
976 FLORIDA CENTRAL PKWY					·
SUITE	112 WOOD FL 32750		83		
LUITO	MOOD LE 32130		84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above-named corpor	ration submits this statement for the purp	pose of changing its registered office
familiar wit	ed agent, or born, in the State of Florida th, and accept the obligations of, Section	a. Such change was authoriz on 607.0505, Florida Statutes	ed by the corporation's boar	ration submits this statement for the purp rd of directors. I hereby accept the appo	intrnent as registered agent. I am
SIGNATURE _	Signature, typed or printled name of registered about a	Harry Cho	tra		4-16-96
12.	OFFICERS AND		TE. Registered Agent signature require:	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1 1 TITLE	130.110.100.110.100.110.110.110.110.110.	Change Addition
NAME	YEN, MING		1.2 NAME		· <del>-</del>
STREET ADDRESS	976 FLORIDA CENTRAL PKV	VY, SUITE 112	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LONGWOOD FL 32750	CT OFFICE	1.4 CITY - ST - ZIP		
NAME	CHANG, PRESTON	DELETE	2. 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	976 FLORIDA CENTRAL PKW	W SHITE 112	2.2 NAME 2.3 STREET ADDRESS		
CiTY-S1-ZiP	LONGWOOD FL 32750	II, OUNE TIE	24 CITY-ST-ZIP		i
TITLE	DST	DELETE	3 1 TITLE		Change Addition
NAME	CHANG, HWAI-YU		3 2 NAME		
STREET ADDRESS	976 FLORIDA CENTRAL PKW	VY, SUITE 112	3.3 STREET ADDRESS		
TIFLE	LONGWOOD FL	La Desete	3 4 C(TY - ST - Z(P		
NAME		DELETE	4.1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE	\	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP		F7 Drugge	5.4 CITY-ST-ZIP		
TITLE NAME		DELETE	6. 1 TITLE		Change Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP	•		64 CITY-ST-ZIP		
	certify that the information supplied wi	th this filing is voluntarily furni	shed and does not qualify fo	or the exemption stated in Section 119.0	7(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 cirector 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: