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

**PROFIT CORPORATION** ANNUAL REPORT

1997



LLORIDA DEPARTMENT OF STATE

FILED

May 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000065577 (7)

ACME T SHIRT COMPANY, INC. Principal Place of Business Mailing Address 8851 NW 82 AVE MIAMI FL 33168 6951 NW 82 AVENUE MIAMI FL 33168-2768 3a. Date of Last Report 3. Date Incorporated or Qualified 09/21/1993 03/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0438899 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required MAMI City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 25 29 3 3 / 4 9. Name and Address of Current Registered Ager 24 Florida Statutes 📈 Yes 🔲 No 10. Name and Address of New Registered Agent Name CAPOTE, BEATRIZ M -1110 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 .7th fl**o**or 83 MIAMI FL 33131 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or hoth, in the State of Londar Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE Change 1.1 TITLE MARZULLO, JERRY NAME 1.2 NAME 1101 BRICKELL AVE #1700 STREET ADDRESS 1.3 STHEET ADDRESS **MIAMI FL** 14 CITY - S1 - ZiP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TOUR NAMÉ 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-\$T-ZIP 2 4 CHTY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CHY-SI-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETÉ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CHY - ST- ZIP DELETE 6.1 THE ■ Addition TITLE -05/28/98--01017 NAME 6.2 NAME STREET ADDRESS \*\*\*150.00 6.4 City - \$1 - 7IP

14. I do hereby certily that the information supplied with this fifting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on his 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 conjugation or the receiver or trustoe empsyered to execute this report as required by Chapter 607, Florida Statutes; and that my name charged, or on an altachment with ar appears in Block 12 or Brack 13 if