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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P94000014929 (1)

ACE'S INDOOR SHOOTING RANGE & PRO GUN SHOP, INC.

Mailing Address
2105 NW 102 PLACE Miami FL 33172 US

FILED May 05 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/24/1994 4. FEI Number Applied For 65-0469478 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Zip. Country Zip 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FERNANDEZ, GISELA 4671 SW 149TH CT. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33185** 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TITLE RODRIGUEZ, JORGE THERESA BRUGAL NAME 12 NAME 13725 S.W. 90 AVE., APT. 101 3017 CLYDE ROAD STREET ADDRESS 1.3 STREET ADDRESS **WEST PALM BEACH FL** CITY-ST-7/P 1.4 CITY - ST- 7IP DELETE 2.1 TITLE Change Addition DEPINA. GEORGE NAME 2.2 NAME 4600 S.W. 149TH CT. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change __ Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

CIGNATURE.

CITY-ST-ZIP