

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
CORPORATION DIVISION

**APPROVED
AND
FILED**

DOCUMENT # **P94000028807 (3)**

05 MAY 19 AM 10:25

ACOSTA INVESTMENTS, CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business: **860 SE 1 ST MIAMI FL 33010**
 2a. Mailing Address: **860 SE 1 ST MIAMI FL 33010**

3. Date Reorganized or Created: **04/14/1994**
 3a. Date of Last Report: _____

4. FIC Number: **65-0482714**
 Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Report Filed: **\$5.00 May Be Added to Fees**
 8. The corporation has liability for intangible tax under § 199(a)(2) Florida Statute: Yes No

9. Name and Address of Current Registered Agent:
**GOMEZ, LUIS
 860 SE 1 ST
 MIAMI FL 33010**

10. Name and Address of New Registered Agent:
 B1 Name: _____
 B2 Street Address (P.O. Box Number is Not Acceptable): _____
 B3 _____
 B4 City: _____ **FL** B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607 (0427) and 607 (0508) Florida Statutes, the above named corporation submits the 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 (0508), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	PD GOMEZ, LUIS 860 SE 1 ST MIAMI FL 33010	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, LUIS	NAME	
STREET ADDRESS	860 SE 1 ST	STREET ADDRESS	
CITY, STATE, ZIP	MIAMI FL 33010	CITY, STATE, ZIP	
OFFICER	SD ACOSTA, LUIS 860 SE 1 ST MIAMI FL 33010	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, LUIS	NAME	
STREET ADDRESS	860 SE 1 ST	STREET ADDRESS	
CITY, STATE, ZIP	MIAMI FL 33010	CITY, STATE, ZIP	
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially accurate and does not include any information that is false or misleading. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if it were made by the person named in the report. I am familiar with and accept the obligations of Section 607 (0508), Florida Statutes, and that my name appears in Block 12 or 13 of this filing changed in accordance with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR