FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:01

DOCUMENT # **P94000043609 (4)**

1. Corporation Name
ACAMPADA USA & CO. INC.

Principal Place of Business	Mailing Address
~~815 N.W. 57TH AVE.~~ ~~SUITE 484~~ ~~MIAMI FL 33126~~	815 N.W. 57TH AVE. SUITE 484 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/10/1994**
3a. Date of Last Report:

2. Principal Place of Business
21 4995 N.W. 72nd Avenue
Suite, Apt. #, etc.
22 #302
City & State
23 Miami, Florida
Zip 24 33166 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0515227 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [XX] No

9. Name and Address of Current Registered Agent

BESU, ROGER
815 N.W. 57TH AVE.
SUITE 484
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	11 TITLE	[X] Change ☐ Addition
NAME	~~BESU, ROGER~~	12 NAME	
STREET ADDRESS	~~815 N.W. 57TH AVE., SUITE 484~~	13 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL 33129~~	14 CITY ST ZIP	
TITLE	P/D	21 TITLE	☐ Change ☐ Addition
NAME	ARRONIS, FERRANDEZ PEDRO MANUEL	22 NAME	
STREET ADDRESS	4995 N.W. 72nd Ave., #302	23 STREET ADDRESS	
CITY ST ZIP	Miami, Florida 33166	24 CITY ST ZIP	
TITLE	ARRONIS, FERRANDEZ, MANUEL	31 TITLE	☐ Change ☐ Addition
NAME	V/P/D	32 NAME	
STREET ADDRESS	Same as above	33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE	ARRONIS, FERRANDEZ TERESA	41 TITLE	☐ Change ☐ Addition
NAME	T/D	42 NAME	
STREET ADDRESS	Same as above	43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE	MAS, PERFECTO	51 TITLE	☐ Change ☐ Addition
NAME	S/D	52 NAME	
STREET ADDRESS	815 NW 57 AVE 484	53 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 33126	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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: _____ APRIL 15th, 1995/262-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PEDRO MANUEL ARRONIS FERRANDEZ, PRESIDENT

01E2K08 CP