

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000049266 (7)

1. Corporation Name

AACM CORP.

Principal Place of Business

**10598 N.W. SOUTH RIVER DRIVE
MIAMI FL 33178**

Mailing Address

**10598 N.W. SOUTH RIVER DRIVE
MIAMI FL 33178**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/27/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRIEDMAN, MICHAEL D
1401 BRICKELL AVENUE
SUITE 530
MIAMI FL 33131**

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 607.0502 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

Signature (typed or printed name of registered agent and then if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

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CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY ST ZIP ☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY ST ZIP ☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY ST ZIP ☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY ST ZIP ☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY ST ZIP ☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY ST ZIP ☐ Change ☐ Addition

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY ST ZIP ☐ Change ☐ Addition

29. TITLE

30. NAME

31. STREET ADDRESS

32. 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 110.07(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 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 or changed, or on an attachment with an address.

SIGNATURE:

Jonathan E. Aibel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan E. Aibel 4/25/95
(Type) (Date)

(305) 883-1920