

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 -7 AM 10:52

DOCUMENT # **P94000088305 (5)**

1. Corporation Name
AC NETWORK CONSULTANTS, INC.

Principal Place of Business Mailing Address
**141 NW 20TH ST
PLUM PARK SUITE F-1
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/06/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **403 VILLAGE GREEN** 2b **403 VILLAGE GREEN**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **APT. 205** 27 **APT. 205**
City & State City & State
23 **ANN ARBOR, MI** 28 **ANN ARBOR, MI**
Zip Country Zip Country
24 **48105** 25 **U.S.** 29 **48105** 30 **U.S.**

4. FEI Number Applied For
Not Applicable
5. Certificate of Status Desired **\$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 No

9. Name and Address of Current Registered Agent
**MCDONALD, STEPHEN J ESQ
315 SE 7TH ST SUITE 303
FT LAUDERDALE FL 33301**

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 date of registration (P.O. Box Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	IBARGUENGOITIA, MARIA C
STREET ADDRESS	141 NW 20TH ST PLUM PARK SUITE F-1
CITY - ST - ZIP	BOCA RATON FL 33431
TITLE	
NAME	
STREET ADDRESS	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	403 VILLAGE GREEN BLVD., APT. 205
14 CITY - ST - ZIP	ANN ARBOR, MI 48105
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 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 if checked as an attachment with an address.

SIGNATURE: *[Signature]* **Maria Cristina Borganengoitia** **may 10/95** **(38)213-23-17**
(Typed or Printed Name of Signing Officer or Director) (Date) (Filing Fee #)