

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000013167 (8)

1. Corporation Name
ACLE FAMILY HOLDINGS, INC.

FILED

97 APR 29 PM 2:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
1012-S GREENWAY DRIVE
CORAL GABLES FL 33134
6485 SW 106th Street
Miami, FL 33156

Mailing Address
1012-S GREENWAY DRIVE
CORAL GABLES FL 33134-4783
6485 SW 106th Street
Miami, FL 33156

3. Date Incorporated or Qualified 02/09/1995
3a. Date of Last Report 02/14/1996

2. Principal Place of Business
21 6485 SW 106th Street
Suite, Apt. #, etc.
22 City & State
23 Miami FL
Zip 33156 Country DADE
24 33156 25 DADE 26 6485 SW 106th Street
Suite, Apt. #, etc.
27 City & State
28 Miami FL
Zip 33156 Country DADE
29 33156 30 DADE

4. FEI Number 65-0634132
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
ACLE, EDUARDO E
1012-S GREENWAY DRIVE
CORAL GABLES FL 33134
6485 SW 106th Street
Miami, FL 33156

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 6485 SW 106th Street
84 City Miami FL 85 Zip Code 33156

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE DP
NAME ACLE, EDUARDO E
STREET ADDRESS 1012-S GREENWAY DRIVE
CITY-ST-ZIP 6485 SW 106th Street
CORAL GABLES FL Miami, FL 33156
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6485 SW 106th Street
1.4 CITY-ST-ZIP MIAMI FL 33156
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: X Eduardo E. Acle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EDUARDO ACLE
Date 4-28-97
Daytime Phone # 0181350

P2E034 (9/96)

6000002159088
-04/29/97-01096-021
****165.00 ****165.00