

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000036601 (9)

1. Corporation Name

AMERICAN CACIQUE ENTERPRISE CO., INC.



Principal Place of Business

Mailing Address

2 S BISCAYNE BLVD
SUITE 2600
MIAMI FL 33131-1802

2 S BISCAYNE BLVD
SUITE 2600
MIAMI FL 33131-1802

3. Date Incorporated or Qualified
05/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WANG, CHENG-SHOU
2 S BISCAYNE BLVD
SUITE 2600
MIAMI FL 33131-1802

81 Name

Ko, Horng Y

82 Street Address (P.O. Box Number is Not Acceptable)

8491 N.W. 17th St. Suite 107

83

84 City

Miami

FL

85 Zip Code

33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 the person signing and the title (if not the Registered Agent, signature required when not a director)

Ko, Horng Yuan-- President

(If not the Registered Agent, signature required when not a director)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
D
KO, HORNG Y
STREET ADDRESS
8491 NW 17 ST SUITE 107
CITY- ST- ZIP
MIAMI FL 33126

TITLE
NAME
D
KO, HORNG L
STREET ADDRESS
8491 NW 17 ST SUITE 107
CITY- ST- ZIP
MIAMI FL 33126

TITLE
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11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

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***225.00

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)(k), Florida Statutes, 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 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 617, Florida Statutes, that my name appears in Block 12 or Block 13 if changed, or in the attachment with an address.

SIGNATURE:

Ko, Horng Yuan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/96

Date

CR2E034 (3/96)