

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000059835 (5)**

1. Corporation Name

~~CAPUCHINO, INC.~~ **ACE CONTRACTORS OF SOUTH  
FLORIDA, INC.**

Principal Place of Business

Mailing Address

~~STE 302, 2040 N.E. 163 ST.  
N MIAMI BEACH FL 33162~~

~~STE 302, 2040 N.E. 163 ST.  
N MIAMI BEACH FL 33162~~



2. Principal Place of Business

2a. Mailing Address

21 **STE 940, 1747 VanBuren St, 981 NE 153rd ST**

22 **HOLLYWOOD, FLORIDA**

City & State

23

Zip

24 **33020**

Country

25 **USA**

Suite, Apt. #, etc.

27 **North Miami Bch, FLORIDA**

City & State

28

Zip

29 **33162**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**SERNS, DAVID R**  
**STE 302, 2040 N.E. 163 ST.**  
**N MIAMI BEACH FL 33162**

3. Date Incorporated or Qualified

**08/02/1995**

3a. Date of Last Report

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

10. Name and Address of New Registered Agent

81 Name **KRISHNA YAMRAJ**

82 Street Address (P.O. Box Number is Not Acceptable)  
**981 NE 153rd STREET**

83

84 City **NORTH MIAMI BEACH**

FL 85 Zip Code **33162**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept, the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Corporation (if registered agent is not a corporation)

(NOTE: Registered Agent signature required when terminating)

**JANUARY 23 1996**

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☒ DELETE

2. NAME **SERNS, DAVID R**

3. STREET ADDRESS **STE 302, 2040 N.E. 163 ST.**

4. CITY- ST- ZIP **N MIAMI BEACH FL 33162**

5. TITLE ☐ DELETE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE ☐ DELETE

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25. TITLE ☐ DELETE

26. NAME

27. STREET ADDRESS

28. CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition

2. NAME **PRESIDENT/VP/SEC/TRS**

3. STREET ADDRESS **KRISHNA YAMRAJ**

4. CITY- ST- ZIP **981 NE 153rd STREET**

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS **NORTH MIAMI BEACH, FLORIDA 33162**

8. CITY- ST- ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

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