

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000063850 (8)**

1. Corporation Name

A.S.A. MANAGEMENT CORPORATION



Principal Place of Business

**7103 WEST 19TH COURT
HIALEAH FL 33014**

Mailing Address

**7103 WEST 19TH COURT
HIALEAH FL 33014**

3. Date Incorporated or Qualified
08/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

15-0611581

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

Country

29

Country

24

25

Country

29

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ACEA, SILVIA
7103 WEST 19TH COURT
HIALEAH FL 33014**

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 607.0532 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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed in block, with last name first and the full name

Printed Name of Agent Signing on behalf of corporation

Date

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ACEA, SILVIA	
STREET ADDRESS	7103 WEST 19TH COURT	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ACEA, AYLEEN	
STREET ADDRESS	7103 WEST 19TH COURT	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ACEA, ANTONIO	
STREET ADDRESS	7103 WEST 19TH COURT	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**400001877704
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***200.00**

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. 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: *Silvia Acea* **SILVIA ACEA**

5/1/96

829-4630

CS 5/1/96

CR2E034 (12/95)