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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000085770 (2)

ACUMEN INVESTMENTS CORPORATION, INC.

FILED Mar 19 1998 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address		L 16811ÅRT TIÅ IBTAL BUTT BRITT BRUTT RATT RATT.	IBIBI BINN IBBN IBBN BBN IBBN
9110 SW 72MD ST 9110 SW 72ND ST MIAMI FL 33173 MIAMI FL 33173 US US			DO NOT WRITE IN THI	S SPACE	
				3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2a. Mailing Address		11/08/1995 4. FEI Number	Applied For
21	idod of oponious	26 (0808 5W	189 COURT	65-0633345	Not Applicable
Suite, Apl	₩, elc.	Suite, Apt. #, etc	0) 001	_	\$8.75 Additional
22		Suile, Apt. #, etc.		Certificate of Status Desired	Fee Required
City & State	6	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 16		Trust Fund Contribution	Added to Fees
Zip	Country	29 353173 ac	Country	8. This corporation owes or has paid the o	_
24	9 Name and Address o	29 25 10 36 Current Registered Agent		Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
CI	JRA, JUAN C	Collon Haginton Agent	81 Name	10. 110110 4110 110110 11011 11011	a Agon
2100 CORAL WAY SUITE 601		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
MIAMI FL 33145		83			
·			[63]		
			84 City	F	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 Signature, typed or printed name of registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.		ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PVD	☐ DELETE	1.1 TITLE		Change Addition
NAME	ŻULUETA, JOHN T		1.2 NAME		
STREET ADDRESS	9110 SW 72ND ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	F-1	1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 HTLE		Change Addition
NAME	ZULUETA, JOHN T		2.2 NAME		
STREET ADDRESS	9110 SW 72 ST MIAMI FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMITL	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS		İ	33 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	7 11 11 11 11 11 11 11 11 11 11 11 11 11	DELETE	4.1 TITLE		Change Addition
NAME	1		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS		İ	5.3 STREET ADDRESS		*
CITY-ST-ZIP TITLE	<u> </u>	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
HAME		Las Pitter	6.2 NAME		CT CHONGS CT MONITOR
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		j
	certify that the information su	pplied with this filing does not qualify for t	he exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

por is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an be empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address.

SIGNATURE: