


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

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000006164 (3) 1. Corporation Name A/C DEPOT & SERVICES INC.					
Principal Place of Business 8616 NW 8TH ST MIAMI FL 33126		Mailing Address 8616 NW 8TH ST MIAMI FL 33126			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0643804	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent SOMARRIBA, JOSE 8616 NW 8TH ST MIAMI FL 33126				10. Name and Address of New Registered Agent	
				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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	DELET	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	STREET ADDRESS		1.1 TITLE	Change Addition	
CITY-ST-ZIP			1.2 NAME		
			1.3 STREET ADDRESS		
			1.4 CITY-ST-ZIP		
			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 hereby certify that the information submitted 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

Jose Somarrifa 4-28-98 (305) 567-9403

CR2E034 (10/97)