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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000044546

1. Corporation Name

ACME INVESTMENT INC

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90044 045 ***150.00

Principal Place of Business 3727 NORTH WEST 80TH STREET MIAMI FL 33147		Mailing Address		DO NOT WRITE IN THIS	
				3. Date Incorporated or Qualifed 05/20/1996	
	lace of Business	2a. Mailing Address	1.87 = 55	4. FEI Number 65-0668121	Applied For
21 8847 Suite, Apt.	144	26 8848 NW Suite, Apt. #, etc.	(.07		\$8.75 Additional
22		27			Fee Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State 28 M / AM (FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 22 019	Country	8. This corporation owes the current year In	
24 33(<u> </u>	125 //		Personal Property Tax. 10. Name and Address of New Registered	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Hallie and Addless of New Negistered	Agent
KHANANI, MOHAMMED A 3727 NW 80 ST MIAMI FL 33147				ess (P.O. Box Number is Not Acceptable)	
				Cos (1.0. Box Hamber to Het Accoptable)	
WIIA	WI FL 33147		83		
			84 City	FL	85 Zip Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	rized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	f changing its registered cintment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and tale of applicable (NOTE: Page	stered Agent signature required	1 when reinstating) DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	——————————————————————————————————————	1.1 TITLE		☐ Change ☐ Addition
NAME	KHANANI, MOHAMMED A		1.2 NAME		
STREET ADDRESS	8848 NW 187 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELÉTE	2.1 TITLE		☐ Change ☐ Addition
NAME	KHANANI, MOHAMMED J		2.2 NAME		
STREET ADDRESS	8836 NW 187 ST		2.3 STREET ADDRESS		, [
CITY-ST-ZIP	MIAMI FL 33015		2. 4 CITY-ST-ZIP		· _
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		J	3.2 NAME		}
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Channa C Addition
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME		1	5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS		į
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change Change
TITLE		<u></u> [6.1 TITLE		☐ Change ☐ Addition
NAME	1	j	6.2 NAME		ļ
STREET ADDRESS	ļ	1	6.3 STREET ADDRESS		

CITY-ST-ZIP 14. I hereby certify that the information supplied 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, with all other like empowered.

SIGNATURE: