

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON DR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

192

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 AUG 14 AM 10:38

DOCUMENT # P96000086945 (8)
 1. Corporation Name
 ACQUISITION SPECIALISTS INTERNATIONAL, INC.



Principal Place of Business Mailing Address
 C/O UNITED CORPORATE SERVICES, INC.
 801 N.E. 167TH ST. SUITE 300
 NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/22/1996		3a. Date of Last Report	
2. Principal Place of Business 21 10245 Collins Ave Bal Harbour		2a. Mailing Address 26 10245 Collins Ave	
22 ISE		27 ISE	
23 Bal Harbour Fla		28 Bal Harbour, Fl.	
24 33154 25 USA		29 33154 30 USA	
4. FEI Number 13-2799152		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 UNITED CORPORATE SERVICES, INC.
 801 N.E. 167TH ST.
 SUITE 300
 NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARR, RAY A	
STREET ADDRESS	10 BANK STREET	
CITY-ST-ZIP	WHITE PLAINS NY 10806	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SKUBICKI, MARK	
STREET ADDRESS	10 BANK STREET	
CITY-ST-ZIP	WHITE PLAINS NY 10806	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	LOIS LEVANS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President	
1.3 STREET ADDRESS	10245 Collins Ave-15E	
1.4 CITY-ST-ZIP	Bal Harbour, FL. 33154	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thomas Evans	
2.3 STREET ADDRESS	10245 Collins Ave	
2.4 CITY-ST-ZIP	Bal Harbour, FL 33154	
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		
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		

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 ****165.00 ****165.00

14. I do 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.

CR2E034 (4/97)

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Acquisition Specialists, Inc.

10245 Collins Avenue, Suite 15E

Dal Harbour, Florida 33154

Tel 305-867-1400 Fax 305-867-0750

To: Florida Department of State
From: Lois & Evans

Please note that I did not receive
~~the~~ first notice about the 1997 filing
fee. Therefore, I was unstructured to send
you \$165.00 which I enclose.

Thank you