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Apr 13 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 # P97000049815 (8)
1. Corporation Name
ACROPOLIS INTERNATIONAL, CORP.



Principal Place of Business
2301 COLLINS AVE.
#A-931
MIAMI BEACH FL 33139

Mailing Address
2301 COLLINS AVE.
#A-931
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 9417 SW 76st
Suite, Apt. #, etc.
22 #X-27
City & State
23 MIAMI, FL
Zip
24 33173
Country
25 USA

2a. Mailing Address
26 9417 SW 76st
Suite, Apt. #, etc.
27 #X-27
City & State
28 MIAMI, FL
Zip
29 33173
Country
30 USA

3. Date Incorporated or Qualified
06/05/1997

4. FEI Number
65-0758512
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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
DECAMPS, SOL I
2301 COLLINS AVE.
#A-931
MIAMI BEACH FL 33139

9417 SW 76st #X-27
MIAMI, FL 33173

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
9417 SW 76st #X-27

83

84 City MIAMI FL 85 Zip Code 33173

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 *Sol Decamps* Sol Decamps

4/7/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DECAMPS, SOL I
STREET ADDRESS 2301 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VD
NAME ALBA, ROBERTO A
STREET ADDRESS 2301 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 9417 SW 76st #X-27

1.4 CITY-ST-ZIP MIAMI, FL 33173

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 9417 SW 76st #X-27

2.4 CITY-ST-ZIP MIAMI, FL 33173

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 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.

SIGNATURE:

Sol Decamps
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sol Decamps

4/7/98

(305) 271-5556

CR2E034 (10/97)