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**APPROVED
AND
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57 MAY - 1 1994 7:17

SECRETARY OF STATE
TALLahassee, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S54764** (3)
1. Corporation Name:
A.S.C.I. OF MIAMI, INC.

Principal Place of Business: **8390 W. FLAGLER ST. SUITE 104 MIAMI FL 33144 US**
Mailing Address: **8390 W. FLAGLER ST. SUITE 104 MIAMI FL 33144 US**

2. Principal Place of Business: 21 State Apt # etc: 22 City & State: 23 Zip: 24
2a. Mailing Address: 26 State Apt # etc: 27 City & State: 28 Zip: 29

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/23/1991**
3a. Date of Last Report: **03/23/1994**
4. FEI Number: **65-0263735**
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 has liability for intangible tax under § 193.002, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **MASTRAPA, ROBERTO A. 8390 W. FLAGLER ST. MIAMI FL 33144**

10. Name and Address of New Registered Agent:
B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable):
B3:
B4 City: **FL** B5 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 of Registered Agent required after verification) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MASTRAPA, ROBERTO A	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9220 SW 21ST TERR	CITY, ST, ZIP: MIAMI FL	12 NAME:	
		13 STREET ADDRESS:	
		14 CITY, ST, ZIP:	
TITLE:	NAME:	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		22 NAME:	
CITY, ST, ZIP:		23 STREET ADDRESS:	
		24 CITY, ST, ZIP:	
TITLE:	NAME:	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		32 NAME:	
CITY, ST, ZIP:		33 STREET ADDRESS:	
		34 CITY, ST, ZIP:	
TITLE:	NAME:	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		42 NAME:	
CITY, ST, ZIP:		43 STREET ADDRESS:	
		44 CITY, ST, ZIP:	
TITLE:	NAME:	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		52 NAME:	
CITY, ST, ZIP:		53 STREET ADDRESS:	
		54 CITY, ST, ZIP:	
TITLE:	NAME:	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		62 NAME:	
CITY, ST, ZIP:		63 STREET ADDRESS:	
		64 CITY, ST, ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(1)(b), Florida Statutes. I further certify that the information indicated on the 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: *Roberto A. Mastrapa*
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

04/26/95 (305) 554-6441
DATE TIME