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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

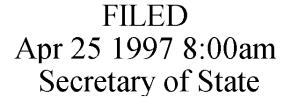
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$64865

(6)

## **ACHUME INCORPORATED**





						(	Í	
Principal Place of Business 841 ALADDIN 8T.		Mailing Address	· ·			1 18 511 512 110 2 (11) 1 512 51 (15) 15 511 511 511 511 511 511 511 511 5		
		P.O. BOX 01-6024						
OPA LOCKA US	FL 33054	MIAMI FL 33101-6024 US						
		••			3. Date Incorporated or Qualified 07/09/1991	3a. Date of Last Report 04/25/1996		
	Place of Business	2a. Mailing Address			4. FEI Number 65-0399850	Applied Fo		
Suite, Api	# 616	Suite, Apt. #, etc.			03 0399030	Not Applic  \$8.75 Additions		
22		27			5. Certificate of Status Desired	Fee Required	BI	
City & State		City & State	├- <del>-</del>		6. Election Campaign Financing	\$5.00 May Be	,	
23		28	Count		Trust Fund Contribution	☐ Added to Fees		
Zip	Country	Zip	Count	у	<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	ir intangible tax under s. 199.03. ▼ Yes □ No	<sup>,2,</sup>	
24	9. Name and Address of Curre	29 Agent	30		10. Name and Address of New I			
w	HITE, KHA DEMISE	A riogistorios rigoria	8	1 Name				
	1 ALADDIN ST							
	PA LOCKA FL 33054		8:	2 Street Add	dress (P.O. Box Number is Not Accept	able)		
, , , , , , , , , , , , , , , , , , ,	V F00(0(1) F 0000)		8	3				
			В	4 City		FL 85 Zip Code	-	
44 8		20 and CO7 4500 Florido Ctatut	on the she	us paradas	rporation submits this statement for the		have	
office or	r registered agent, or both, in the State am familiar with, and accept the oblig	r of Florida. Such change was a	authorized l	by the cornors	ation's board of directors. I hereby acc	ept the appointment as register	ed	
SIGNATURE	Signature, lyped or printed name of registered ag	cot and title it arrife able (NCI)	F: Brigistered A	anal sianature ten	uired when reinstating)	DATE		
12.		D DIRECTORS	13.	gon organization	ADDITIONS/CHANGES TO OFF			
TITLE	DPST	DELFTE	1.1 TITLE	· 1		☐ Change ☐ Ad	Idition	
NAME	WHITE, KHA DEMISE	•	1.2 NAM	F			}	
STREET ADDRESS	PO BOX 01-6024 N/A		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 City	-ST-ZIP			]	
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Ad	dition	
NAME			2.2 NAM	E		•		
STREET ADDRESS	s		2 3 STAE	ET ADDRESS				
CITY-ST-ZIP			2 4 CITY					
TITLE		DELETE	31 THE	l l		Change Ad	Jeitien	
NAME			3.2 NAM	1		•		
STREET ADDRESS	5			ET ADDRESS				
CITY-ST-ZIP	<u> </u>	DELETE	3.4. CITY 4.1 TITUE	'-ST-ZIP		Change Ad	dition	
TITLE NAME		Officit	4.1 (1)LC			C Symple C 710		
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	<sup>°</sup>			- \$1- 2IP				
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Ad	dilion	
NAME	1 2	—	5.2 NAM					
STREET ADDRESS	s		i i	TT ADDRESS			1	
CITY-ST-ZIP	1			- ST - 21P				
TITLE		DELETE	6.1 TiTLE			Change Ad	ddition	
NAME			6.2 NAM	E				
STREET ADDRESS	s		63 STRE	ET ADDRESS				
CITY-ST-ZIP				-S1-ZIP				
44 - 4-		al miste state siting a deep mast according	fu for the e	versusion stat	ed in Poolion 110 07/2)/i) Florida State	tae. I further earlify that the		

I do nereby 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 14 I changed, or on an attachment with an address.