FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S67154

1. Corporation Name
ACARRI CORP.

Principal Place of Business
6725 S.W. 21ST.
MIAMI, FL. 33155

Mailing Address
SAME ←

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/91
3a. Date of Last Report: 7/28/94

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / 24 — County / 25

2a. Mailing Address
26 6725 S.W. 21ST.
Suite, Apt. #, etc.
27
City & State
28 MIAMI, FL.
Zip 29 33155 — County 30 DADE

4. FEI Number: 65-0409089 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MELBA ACOSTA
3520 S.W. 60 Ct.
MIAMI, FL. 33155

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ROBERT ACOSTA PRESIDENT	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition ROBERT ACOSTA 6725 S.W. 21 ST. PRESIDENT MIAMI, FL. 33155
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MELBA ACOSTA VICE-PRESIDENT	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition MELBA ACOSTA 6725 S.W. [redacted] 21 ST. VICE- MIAMI, FL. 33155 PRESIDENT
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition 800001464598 -04/26/95--01012--003 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition C.H.

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 119.07(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: Melba Acosta — 4/1/95 — (305) 661-7680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)