

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
 95 JUN 20 AM 11:26

**DOCUMENT # V06505 (4)**

1. Corporation Name  
**ACH PRODUCTIONS, INC.**

Principal Place of Business Mailing Address  
 8545 SW 133 COURT 8545 SW 133 COURT  
 MIAMI FL 33183 MIAMI FL 33183  
 US US

DO NOT WRITE IN THIS SPACE.

|                                |  |                        |  |   |  |   |  |
|--------------------------------|--|------------------------|--|---|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  | 3a. Date of Last Report   |  |
| 21                             |  | 26                     |  | 01/15/1992  |  | 08/01/1994  |  |
| 22 Suite, Apt. #, etc.         |  | 27 Suite, Apt. #, etc. |  | 4. FEI Number   |  | Applied For   |  |
| 23 City & State                |  | 28 City & State        |  | 65-0320506  |  | Not Applicable  |  |
| 24 Zip                         |  | 29 Country             |  | 5. Certificate of Status Desired  |  | \$8.75 Additional Fee Required                                      |  |
| 25                             |  | 30                     |  | 6. Election Campaign Financing Trust Fund Contribution                                  |  | \$5.00 May Be Added to Fees   |  |
| 26                             |  | 31                     |  | 7. This corporation has liability for intangible tax under s. 100.032, Florida Statutes |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |  |  |   |  |          |  |
|---|--|--|--|---|--|----------|--|
| 9. Name and Address of Current Registered Agent                 |  |  |  | 10. Name and Address of Now Registered Agent          |  |          |  |
| CHICHOY, ALFONSO<br>8545 SW 133 COURT<br>#203<br>MIAMI FL 33183 |  |  |  | 81 Name   |  |          |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |          |  |
|   |  |  |  | 83  |  |          |  |
|   |  |  |  | 84 City   |  |          |  |
|   |  |  |  | MIAMI   |  | FL 33183 |  |

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 re-registering)

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------|---|--|
| TITLE                      | D                       | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHICHOY, ALFONSO J.     | 1.2 NAME  | Chicoy, Alfonso J.   |
| STREET ADDRESS             | 7420 S.W. 153RD CT #203 | 1.3 STREET ADDRESS                                    | 8545 SW 133 CT   |
| CITY - ST - ZIP            | MIAMI FL                | 1.4 CITY - ST - ZIP                                   | MIAMI, FL 33183  |
| TITLE                      |                         | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                         | 2.2 NAME  |  |
| STREET ADDRESS             |                         | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                         | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                         | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                         | 3.2 NAME  |  |
| STREET ADDRESS             |                         | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                         | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                         | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                         | 4.2 NAME  |  |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                         | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                         | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                         | 5.2 NAME  |  |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                         | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                         | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                         | 6.2 NAME  |  |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                         | 6.4 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 110.07(3)(a), Florida Statutes. I further certify that the information included 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: *Alfonso J. Chicoy* 6-16-95 (805) 385-6323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (3/95)