

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90108 034 \*\*\*150.00

**DOCUMENT # P98000046547**

1. Entity Name

**AMERICAN COMPUIMAGE INTERNATIONAL INC.**

Principal Place of Business

Mailing Address

14209 S.W. 94TH CR LA, STE. 104  
 MIAMI FL 33186-1127

14209 S.W. 94TH CR LA, STE. 104  
 MIAMI FL 33186-7828

2. Principal Place of Business

3. Mailing Address

14209 SW 94<sup>TH</sup> CR LA

14209 SW 94<sup>TH</sup> CR LA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE. # 104**

**STE. # 104**

City & State

City & State

**MIAMI**

**MIAMI**

Zip

Country

Zip

Country

**33186**

**USA**

**33186**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0838629**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANO, IGNACIO R**  
 14209 S.W. 94TH CR LA, STE. 104  
 MIAMI FL 33186-1127

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PS	CANO, SILVIA E	14209 S.W. 94TH CR LA, STE. 104	MIAMI FL 33186-1127	<input checked="" type="checkbox"/>
VT	CANO, IGNACIO R	14209 S.W. 94TH CR LA, STE. 104	MIAMI FL 33186-1127	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	IGNACIO R. CANO	14209 SW 94 <sup>TH</sup> CR LA #104	MIAMI, FL. 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/T/S	SILVIA E. CANO	14209 SW 94 <sup>TH</sup> CR LA #104	MIAMI, FL. 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

*Ignacio R. Cano*  
 IGNACIO R. CANO  
 PRESIDENT

Date

Daytime Phone #

4/10/2000 305 736 9364

CR2E034 (9/99)