س 		r corporatio		, .	100-10-5		
DOCUMENT # POOOOOO 31997				. ,	SECRETARY OF STATE SECRETARY OF STATE ON THE PROPERTY OF STATE SECRETARY OF STATE		
Auto Computer Exchange, Inc.					02 MAR 26 PM 4: 00		
DO NOT WRITE IN THIS SPACE					•		
2. Principal Place of Business 5400 St. Mailing Address 5400 St. Mailing Address 5400 St. Mailing Address 5400 St. Mailing Address Suite, Apt. #, etc.			hig Rd.	DO NOT WRITE IN THIS SPACE			
Sity & State City & State Davie, FL				4. FEI Number 65-0994101 Applied For Not Applicable			
3331	Country US	33314	Country US		Sertificate of Status Desired		
	DO NOT		Name 0 Street Addre	Name David Tordin (P.A. Street Address (P.O. Box Number is Not Acceptable)			
	IN THIS S	SPACE	8211 City Pla	w. Broward Blue, Ste. 200 antotion FL Zip 353727			
SIGNATURE _	Signature, wheel or printer name of registered a	Ionuani 1 - Mai		<u>, C, P.</u>	A. 2-19-02	j	
Tax filing requirement and elects to do so. After May 1,			Fee is \$550.00 UBR is \$61.25	State	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
	President Candad Virota 5400 Sirning Rd. Davie, FL 33314	PRESIDENT CHRIDAD URRETH 5400 STIRUNG RI DAVIE FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP		8000052821180 -04/16/0201038002 *****81.25 *****81.25	034B (12/01)	
THE LOUIS ACQUARULD STY-ST-ZIP DAVIE, EL 37514			TITLE NAME STREET ADDRESS CITY-ST-ZIP			CR2E034B	
THE - DIPOLIST - DRECTOR V. ACOST UPORA THEET ADDRESS 5400 St. My St. TY-ST-ZIP Dave, EL 19314			TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
ITLE IAME TREET ADDRESS ITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
ITLE IAME STREET ADDRESS STY-ST-ZIP			TITLE NAME STREET ADDRESS CHY-ST-ZIP				
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	·		TITLE NAME STREET ADDRESS CITY-ST-ZIP		AD		
I3. I hereby condicated of the condicated	certify that the information supplied on this report or supplemental reporation or the receiver or trustee to the with an endors with all observes	with this filing does not qualify for the ort is true and accurate and that my empowered to execute this report a	ne exemption stated in signature shall have the as required by Chapte	Section 1 he same le er 607, Flor	19.07(3)(i), Florida Statutes. I further certify that the information gal effect as if made under oath; that I am an officer or director da Statutes; and that my name appears in Block 11 or on an		

COUIS Acquarulo 7-19-02 954-434-5919
OFFICER OR DIRECTOR
Date
Date
Date
Date
Date