PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Feb 17, 1999 8:00 am Secretary of State

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DOCUMENT # P93000033737				
A.C.O. INVESTMENT, INC.		<b>\</b>		
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Principal Place of Business Mailing Address	·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9854 SW 8TH ST 9854 SW 8TH ST				
MIAMI FL 33174 MIAMI FL 33174		DO NOT WRITE IN	THIS SPACE	
		3. Date Incorporated or Qualifed		
<u> </u>		05/10/1993	<del></del>	
2. Principal Place of Business 2a. Mailing Address		4. FEI Number	<del></del>	olied For Applicable
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.		65-0410634	\$8.75 A	<del></del>
22 27	•	5, Certifcate of Status Desired	Fee Rec	
City & State City & State		6. Election Campaign Financing	\$5:00	May Be
23 28		Trust Fund Contribution	Added to	Fees
Zip Country Zip	Country	8. This corporation owes the current ye		□No
24 25 29 29 3. Name and Address of Current Registered Agent	30	Personal Property Tax.  10. Name and Address of New Registr		
9 Name and Address of Church Kedistered Adem	81 Name	10. Hante with respirate of their registr		
FARAH, CARLOS M	82 Street Add	dress (P.O. Box Number is Not Acceptable)	<del> </del>	
999 PONCE DE LEON BLVD #625	62 Sireel Adi	dress (F.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134	83	人名其共和美国共和国		
	84 City	2 60 3 (4.85) 1 25 (4.87) 1 2 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3	85 Zip C	ode
<u> </u>		·	<u>FL</u>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Soffice or registered agent, or both, in the State of Florida. Such change w	Statutes, the above-named con was authorized by the corpora	poration submits this statement for the purpor tion's board of directors. I bereby accept the s	se of changing its i annointment as red	registered
for the second s		tions boate of directors, rincreby accept the t	appointment do rog	heren
agent. I am familiar with, and accept the obligations of, Section 607.0505	5, Florida Statutes.	atoria board of the bloks, Thereby accept the	appointment do reg	jistered
SIGNATURE	i, Florida Statutes.  (NOTE: Registered Agent signature requi	· ,		Jistered
SIGNATURE	i, Florida Statutes.	· ,	S AND DIRECTOR	RS IN 12
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  TITLE DP   DP	(NOTE: Registered Agent signature requi	red when reinstating) ; DA:	re .	
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Indicated on this annual report of 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 of 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 12 if changed, of or apparation and that my name appears in the report as required by Chapter 607.

SIGNATURE

OF SIGNING OFFICER OR DIRECTOR