## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000061232

1. Corporation Name

AACC P	PROPERTY INVESTMENT CO	DRP.						
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P.O. BOX 45-1308 P.O. BOX 45-1308								17
MIAMI FL 33245 MIAMI FL 33245						100		4
						T WRITE IN TH	IS SPACE	
					<ol><li>Date Incorporated or Q</li></ol>	ualifed	•	
					08/09/1995			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Ap	pplied For
21		26			65-0600655		No	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status De	sired 🔲		Additional
27					g. Certificate of Otatus De-		Fee Re	equired
City & State City & State					6. Election Campaign Fina	ancing [	\$5.00	May Be
23	28		•		Trust Fund Contribution	<u>,                                    </u>	Added t	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible			
24	25	29	30		Personal Property Tax.	•	Yes	□No
	9. Name and Address of Curren				10. Name and Address of	New Registere	d Agent	
		F. 35	81 Nam	е			•	
	RTIR, ARMANDO	41.7	82 Stree	at Address	s (P.O. Box Number is Not	Accontable)		
	0 S.W. 50TH TERRACE	ें भी	02 3000	at Addi es	s (F.O. DOX INCIDE) IS NOT	Acceptable)		
sun	TE 302	•	83		\$ 4	33. S. P. S. B. 38.	<b>建新新用锅料</b> 有提	1112 112 25
MIAI	MI FL 33155-4481				<u> </u>	物的基础的	is difficulting the	e il il
,	•	¥.	84 City			F	85 Zip (	Code Code
44 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Stat	ites the above-name	d comor	ation submits this statement	for the nurnose	■     of changing its	registered
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such change was	authorized by the co	poration	s board of directors. I hereb	y accept the app	ointment as re	gistered
agent. I a	am familiar with, and accept the obliga-	tions of, Section 607.0505, F	lorida Statutes.					
agent. I a SIGNATURE		<del></del>	lorida Statutes.	e required us	hon grinetating) A "	DATE		
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14. 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 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 of trustee emproveded 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 or an attachment with an address. With all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90062 007 \*\*\*150.00

× 305-663-1511