

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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000058917 (1)  
1. Corporation Name  
A.C. FLOW PREVENTION SYSTEM, INC.  
CORRECTED NAME A.C.FLOOD PREVENTION SYSTEM, INC.

NC 4-3-97



Principal Place of Business: 1847 N.W. 6TH STREET MIAMI FL 33125  
Mailing Address: 1847 N.W. 6TH STREET MIAMI FL 33125-4507

3. Date Incorporated or Qualified: 07/12/1996  
3a. Date of Last Report  
4. FEI Number: 65-0700980  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 773 NW 33 Ave. Miami, Florida 33125  
2a. Mailing Address: 773 NW 33 Ave. Miami, Florida 33125  
23. City & State: Miami, Florida  
24. Zip: 33125, Country: USA

9. Name and Address of Current Registered Agent: CRUCET, ERNESTO 1847 N.W. 6TH STREET MIAMI FL 33125  
10. Name and Address of New Registered Agent: 773 NW 33 Ave. Miami, FL 33125

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: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP/T	<input type="checkbox"/> DELETE
NAME	Sergio Pena	
STREET ADDRESS	773 NW 33 Ave.	
CITY- ST- ZIP	Miami, Florida 33125	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Scott Joseph Maggs	
STREET ADDRESS	9871 SW 221 Terr, Mia. Fl. 33190	
CITY- ST- ZIP		
TITLE	DVP/S	<input type="checkbox"/> DELETE
NAME	Ernesto G. Crucet	
STREET ADDRESS	773 NW 33 Ave.	
CITY- ST- ZIP	Miami, Fl. 33125	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Victorino Del Hierro	
STREET ADDRESS	773 NW 33 Ave.	
CITY- ST- ZIP	Miami, Fl. 33125	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PA 5-9-97
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200002185882
6.3 STREET ADDRESS	-05/21/97--01003--014
6.4 CITY- ST- ZIP	***165.00

14. I do 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 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: *Sergio Pena*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)