

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

**FILED**

**Apr 23 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000060275 (0)**

1. Corporation Name  
**AAA ACCOUNTING GROUP, INC.**



Principal Place of Business <b>275 FONTAINEBLEAU BLVD., SUITE 130 MIAMI FL 33172</b>	Mailing Address <b>275 FONTAINEBLEAU BLVD., SUITE 130 MIAMI FL 33172-4500</b>
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3. Date Incorporated or Qualified <b>07/17/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0684470</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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9. Name and Address of Current Registered Agent <b>ROMEU, ALFONSO 275 FONTAINEBLEAU BLVD., SUITE 130 MIAMI FL 33172</b>	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
	85. Zip Code <b>FL</b>

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: *Alfonso Romeu* **ALFONSO ROMEU**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D VP</b>	NAME <b>ROMEU, ALFONSO</b>	1.1 TITLE <b>DP</b>	1.1 NAME <b>CARLOS ROMEU</b>
STREET ADDRESS <b>121 NW 85 PLACE</b>	CITY-ST-ZIP <b>BOCA RATON FL 33128</b>	1.2 NAME	1.2 STREET ADDRESS <b>4806 NW 98th pl</b>
TITLE <b>D</b>	NAME <b>PEREZ, ASBEL</b>	1.3 STREET ADDRESS	1.3 CITY-ST-ZIP <b>Miami Florida 33178</b>
STREET ADDRESS <b>22513 SWORDFISH DR.</b>	CITY-ST-ZIP <b>BOCA RATON FL 33428</b>	1.4 CITY-ST-ZIP	2.1 TITLE
TITLE <b>D</b>	NAME <b>FERREIRO, ALFREDO</b>	2.2 NAME	2.2 STREET ADDRESS
STREET ADDRESS <b>9363 FONTAINEBLEAU BLVD., #H-101</b>	CITY-ST-ZIP <b>MIAMI FL 33172</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
CITY-ST-ZIP	2.4 CITY-ST-ZIP	3.1 TITLE	3.1 NAME
TITLE	NAME	3.2 NAME	3.2 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP	4.1 TITLE	4.1 NAME	4.1 STREET ADDRESS
TITLE	NAME	4.2 NAME	4.2 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP	5.1 TITLE	5.1 NAME	5.1 STREET ADDRESS
TITLE	NAME	5.2 NAME	5.2 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
CITY-ST-ZIP	6.1 TITLE	6.1 NAME	6.1 STREET ADDRESS
TITLE	NAME	6.2 NAME	6.2 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

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: *Alfonso Romeu* **ALFONSO ROMEU** **305 553 2900**  
(Signature and typed or printed name of signing officer or director. Date Daytime Phone #)

CR2E034 (9/96)