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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000060275 (0)

AAA ACCOUNTING GROUP, INC.

FILED May 15 1998 8:00am Secretary of State



3/29/48

Principal Place of Business Mailing Address						
275 FONTAIN MIAMI FL 33	NEBLEAU BLVD., SUITE 130 172	275 FONTAINEBLEA MIAMI FL 33172	275 FONTAINEBLEAU BLVD SUITE 130 MIAMI FL 33172			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						07/17/1996
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0684470 Not Applicable
Sulte, Apt	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	hq	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 9. Name and Address of Curr	ent Registered Agent	[30]	[30]		10. Name and Address of New Registered Agent
D/	· · · · · · · · · · · · · · · · · · ·	ent negleteles Agent		81	Name	
	DM RU , ALFONSO	IITC 190			<u></u>	
	'5 FONTAINEBLEAU BLVD., SU	/IIE 130	82 Street A		Street	Address (P.O. Box Number is Not Acceptable)
MI	AMI FL 33172			83		
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida S	telutes, the a	bove	a-named	corporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the Sta	tigations of Soction 607 050	was authorize	d by	the core	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	ma laminar with, and accept the oss	Iganons di, socioni del sos	o, habilida ola	10100	•.	
SIGNATURE	Signature, typed or printed name of registered	agent and little if applicable	(NOTE Registere	d Age	ni s gnature	e required when reinstating) DATE
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DVP	DELETE	E 1.1 T	1.1 TITLE		Change Addition
NAME	ROMEU, ALFONSO		12 N	AME		
STREET ADDRESS	121 NW 85 PLACE		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-S		0110
TITLE	DP	DELETE	1 -	2.1 TITLE		DVPxChange Addition
NAME	ROMEU, CARLOS		2.2 N			ROMEU, CARLOS 4806 NW 98th PL Miami FL 33178
STREET ADDRESS	4806 NW 98TH PL				ADDRESS	4806 NW Y8th PL
CITY-ST-ZIP	MIAMI FL	DELET			SY-ZIP	
TITLE		☐ DELETE				PD Change C Adollor
HAME	ļ		3.2 N			Antonio Romeu
STREET ADORESS					ADDRESS	121 NW 85 PL Niami Florida 33126
CITY-ST-ZIP		DELETE			ST-ZIP	Miami Flonida 33/26 Change Addition
NAME		(precit		NAME		book
STREET ADDRESS					ADDRESS	
					ST-ZIP	·
CITY-ST-ZIP TITLE		DELET			- 4.0	Change Addition
NAME			5.2 6			
STREET ADDRESS					ADDRESS	
			1			
TITLE		☐ DELET		61 HITE		Change Addition
NAME				IAME)	
STREET ADDRESS			635	TREET	DDRESS	
CiTY-ST-7IP			640	2 6.4 City/s		
AA I been been	certify that the information supplied	I with this filing does not put	ally for the ex	emp	tion stat	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied on this annual report or suppleme director of the corporation or the re	dusts this filling does not a	62 M 63 S 64 C	IAME TREET	ST-ZIP	Change Addition Section 119.07(3)(i), Florida Statutes. I further certify that the information of the same legal effect as if made under oath; that I am a stequired by Chapter 607, Florida Statutes; and that my name appears in