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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business 21 9270 5 W

City & State

2433/65

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日韓語は担じい

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

SAME

30

Country

DOCUMENT # P97000018805 (6)

Country

9. Name and Address of Current Registered Agent

ACE BEEPERS GROUP INC.

Principal Place of Business 999 NW 145 ST. MIAM Ft. 33018 Mailing Address

8993 NW 145 ST. MIAMI FL 33018

2a. Mailing Address

City & State

Zip

27

28

29

Suite, Apt. #, etc.

## FILED Apr 13 1998 8:00am Secretary of State



X Yes

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intengible

02/28/1997

65-073/570

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

GORORDO, ALBERTO A 8993 NW 145 ST. MIAMI FL 33018			61	Name				
			82	Street	eet Address (P.O. Box Number is Not Acceptable)			
				<u> </u>				
			83					
			84	City	FL	85 Zip C	Code	
11. Pursuant to the provisions of Soctions 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 Signature, typed or printed name of registered agent and time if applicable (NOTE: Registered Agent algebraic required when reinstating)  DATE								
12.	OFFICERS AND DIRECTORS		13.	- K G G I I I I I I I I	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTOR	S IN 12	
TITLE	D	DELETE	1.1 TITLE		L	Change	Addition	
NAME	Gorordo, alberto a		1.2 NAME					
STREET ADDRESS	8993 NW 145 ST.		1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33018		1.4 CITY - S	T-ZIP				
TITLE		DELETE	2.1 TITLE			Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP	<u></u>		2. 4 CITY-S	T-ZIP				
TITLE		DELETE	3.1 TITLE			Change	Addition	
MAME .			3.2 NAME				ĺ	
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY - ST - ZIP			3.4. CITY-S	T- ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	T-ZIP				
TITLE		DELETE	5.1 TITLE		L	Change	Addition	
NAME			52 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS			j	
CITY-ST-ZIP			5.4 CITY S	T-ZIP				
TITLE		DELETE	6.1 TITLE		ļ	Change	Addition	
NAME .			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS			Ì	
CITY-ST-ZIP			6.4 CITY - S					
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 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.								