PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # PORODO48634

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90113 020 ***150.00

ACE TEC Principal Place 5530 HODA ROA PASS GERISTIAN KILN,	CH, INC. of Businesa AD N MS 39571	1556	P.0	ailing Address). BOX 30 I MIS 39556 AJ, M.S. 39.5-	56			DO NOT WRI 3. Date incorporated or Qualified 06/01/1998			
2. Principal Pl	lace of Busine:	88	20.	Mailing Address			 -	4. FEI Number			optied For
1 .			26	•				64-0888449			lot Applicable
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State			-	City & State				6. Election Campaign Financing	<u>-</u> []		May Be
3	- ٠	- 18	28					Trust Fund Contribution			to Fees
Zip		Country		Zip	_	untry		8. This corporation owes the cum	ent year int		⊠No
14	2:		29		30			Personal Property Tax.	le alatered	Yes	BINO
	9. Name a	nd Address of Cun	rent Regis	itered Agent		81	Name	10. Name and Address of New R	redistered :	~Aaist	
MONTALVAN, RICKY 14472 SW 115 TERRACE MIAMI FL 33186					1 1		ress (P.O. Box Number is Not Accepts	able)			
						84	City		FI	85 Zip	Code
11. Pursuant to	to the provision egistered agen m familiar with	ns of Sections 607.0 nt, or both, in the Sta , and accept the obt	0502 and 6 ate of Florid ligations of	07.1508, Fiorida St da. Such change wa Section 607.0505,	atutes, the a as authorize Florida Stat	above- d by th tutes.	named corp he corporation	poration submits this statement for the con's board of directors. I hereby acception's	ot the appoi	intment as	registered
SIGNATURE	Signature, typed or	printed name of registered OFFICERS	agent and title	it applicable. (f	VOTE: Registere	d Agent (poration submits this statement for the on's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	PRESIDE	printed name of registered OFFICERS ENT ETA MARTE	AND DIRE	if applicable. (f	101E: Registers 13. 1.11T	Agent o		ad when reinstating)	DATE		ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	PRESIDE ENRIQUESSION	OFFICERS ENT ETA MARTE HODARD	AND DIRE	it applicable. (f	13. 1.1T 1.2N	Agent o	algosture require	ad when reinstating)	DATE	ND DIRECT	ORS IN 12
SIGNATURE 12. TITLE STREET ADDRESS CITY-5T-ZP TITLE NAME	PRESIDE ENRIQUE 5530 KILN, VICE PR HUBERT	Divised name of registered: OFFICERS ENT ETA MARTE HODA RD. MS. 3955 ESIDENT MARTELL	AND DIRE	it applicable. (f	13. 1.1.T 12.N 1.3.S 1.4.C 2.1.T 2.2.N	TITLE MANE STREET A CITY-ST- TITLE	ADDRESS	ad when reinstating)	DATE	ND DIRECT	ORS IN 12
SIGNATURE 12. TILE NAME STREET ADDRESS CITY5T-ZP TITLE NAME STREET ADDRESS	PRESIDE ENRIGH 5530 KILN, VICE PR HUBERT	DIVIDAD NAME OF PROGRAMMENTS ENT MARTE HODARD MS. 3955 ESIDENT MARTELL HODARD HODARD	agent and title AND DIRE	e eppécable. (FECTORS	13. 1.17 12N 1.28 1.40 2.17 2.2 N 2.3 S	TITLE MANE STREET A CITY-ST- TITLE	ADDRESS ADDRESS	ad when reinstating)	DATE	ND DIRECT	OR\$ IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-5T-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP	PRESIDE ENRIGH 5530 KILN, VICE PR HUBERT	Divised name of registered: OFFICERS ENT ETA MARTE HODA RD. MS. 3955 ESIDENT MARTELL	agent and title AND DIRE	e eppécable. (FECTORS	13. 1.17 12.N 1.3.5 1.4.C 2.17 22.N 2.3.5 2.4.0	HADRIC OF THE STREET A	ADDRESS ADDRESS	ad when reinstating)	DATE	ND DIRECT	ORS IN 12 Addition
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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 eath; 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, with all other like empowered.

SIGNATURE: