

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90131 015 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # P98000091942

1. Corporation Name  
AC2M INVESTMENT CORP.

Principal Place of Business 1580 N ROYAL POINCIANA BLVD MIAMI SPRINGS FL 33126	Mailing Address <del>1580 N ROYAL POINCIANA BLVD</del> <del>MIAMI SPRINGS FL 33126</del> 3770 S.W. 8 <sup>th</sup> ST #200 CORAL GABLES, FL 33134
--------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 28 3770 S.W. 8 <sup>th</sup> ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #200
City & State 23	City & State 28 CORAL GABLES FL
Zip 24	Zip 29 33134
Country 25	Country 30 U.S.

3. Date Incorporated or Qualified 10/28/1998	4. FEI Number 65-0977801	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

PIEDRAHITA, IVAN D  
1876 N UNIVERSITY DR STE 201K  
PLANTATION FL 33322

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

FL

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIEDRAHITA, ALVARO	1.2 NAME
STREET ADDRESS	13200 SW 70 AVE	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALAS, CESAR	2.2 NAME
STREET ADDRESS	1580 N ROYAL POINCIANA BLVD	2.3 STREET ADDRESS
CITY-ST-ZIP	DAVIE FL 33317	2.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MICHAEL K	3.2 NAME
STREET ADDRESS	2111 NOVA VILLAGE DR	3.3 STREET ADDRESS
CITY-ST-ZIP	DAVIE FL 33317	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLE, MARIANO O	4.2 NAME
STREET ADDRESS	8380 NW 166 TERRACE	4.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33015	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 (305) 567-1888  
Date Office Phone #  
X235

CR2E034 (11/98)