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04-07-1999 90101 036 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # 738800

1. Corporation Name

ASSOCIATION OF CRITICS AND COMMENTATORS OF THE A
RTS, INC.

Principal Place of Business

1621 SW 14 TERRACE
MIAMI FL 33145
US

Mailing Address

1621 SW 14 TERRACE
MIAMI FL 33145
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

05/03/1977

4. FEI Number

59-1841463

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GUTIERREZ, IVAN
1535 SW 11TH STREET
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT

3/18/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS IVAN GUTIERREZ
CITY-ST-ZIP 1535 SW 11TH ST.
MIAMI FL 33135-5311

TITLE ☐ DELETE

NAME T
STREET ADDRESS PEREZ, MARIO MANUEL
CITY-ST-ZIP 6937 SW 115 PLACE
MIAMI FL

TITLE ☐ DELETE

NAME DV
STREET ADDRESS ASELA TORRES
CITY-ST-ZIP 1621 SW 14 TERRACE
MIAMI FL 33145

TITLE ☐ DELETE

NAME DC
STREET ADDRESS BODE, MARIA
CITY-ST-ZIP 1660 S.W. 31 AVE
MIAMI FL

TITLE ☐ DELETE

NAME DM
STREET ADDRESS BAHAMONDE, JOSE LUIS
CITY-ST-ZIP 6937 SW 115 PLACE UNIT A
MIAMI FL

TITLE ☐ DELETE

NAME SD
STREET ADDRESS ALBELO, MANNY
CITY-ST-ZIP 5655 SW 26 AVE
HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with all addresses with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/99 592-4141 (305)

CR2E037 (11/98)