2000	UNIFORM	BUSINESS	REPORT	/URR
2000	CHIFURN	DUSINESS	nervni	(UDN

SIGNATURE:

	A 0000	20						
1. Entity Nam	MENT # A288 8	33						
AMERICAN CORPORATE INVESTMENTS, LIMITED					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
% PRS INTERNATIONAL % F 701 BRICKELL AVE SUITE 850 701		Mailing Address % PRS INTERNATIONAL 701 BRICKELL AVE SUITS MIAMI FL 33131-2822	% PRS INTERNATIONAL 701 BRICKELL AVE SUITE 850		00 APR 18 AM II: 43			
2. Principal Place of Business 3. Mailin		3. Mailing Address	failing Address) 19819)) (819 1199) (819) (1		9)† 219) 9 (9)† 919)(199)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number APPLICABLE Applied For Not Applicable				
Zip	Country	Zip	Zip Country		5. Certificate of Status Desir		75 Additional	
	6. Name and Address of Current	Registered Agent			7. Name and Address of N			
HUDSON, ROBERT F. JR 1200 BRICKELL AVENUE 19TH FLOOR MIAMI FL 33131				Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd. City Plantation FL 33324				
SIGNATURE . 9. Capital Coas Shown	ontributions on record. \$1,000.00	Tely SPECIA	AL ASS : Registered il Contrib ite.	ISTANT SECRET d Agent signature required outions	when reinstating) 11. MAKE SEE RI	CHECK PAYABLE TO E	DEPT. OF STATE	
	NOTE: General Partners Ma				must be filed to change	a general partner.		
12.	GENERAL PARTNE	RINFORMATION	13,		ADDRESS	CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F93000002120 AMERICAN CORPORATE INVESTMENTS, LTD. B.V.I THE LAKE BUILDING FIRST FLOOR TORTOLA BRITISH V.I.		j	ET ADDRESS				
DOCUMENT # NAME STREET ADDRESS	L08288 AMERICAN CORPORATEINVESTMENTS, INC. 701 BRICKELL AVENUE, SUITE 850			ET ADORESS				
CITY-ST-ZIP	MIAMI FL 33131-2852		Uliy-	00000323 78804 -05/03/0001112014			3 04 2014	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			1	ET ADORESS .	· · · · · · · · · · · · · · · · · · ·	*1552.50 **	**141.25	
DOCUMENT#			STRE	ET ADDRESS	·			
NAME STREET ADDRESS			CITY-	-ST-ZIP				
CITY - ST - ZIP		——————————————————————————————————————	STRE	ET ADDRESS				
NAME Street Address City-St-Zip			CMY-	·ST-ZIP				
DOCUMENT #			STRE	ET ADDRESS				
STREET ADDRESS			CITY-	-ST-ZIP				
indicated	certify that the information supplied with on this report is true and accurate and yer or trustee empowered to execute the ver or trustee empowered to execute the vertices and vertices and vertices vertic	d that my signature shall have th	he same	legal effect as if m	ction 119.07(3)(i), Florida Statu ade under oath; that I am a Ge	ites. I further certify the eneral Partner of the li	nat the information mited partnership or	

04/14/00 Date

305-381-8340