


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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90082 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F11880**  
 1. Corporation Name  
**A & H INVESTMENTS COMPANY**

Principal Place of Business 8788 SW 8TH ST. MIAMI FL 33174	Mailing Address 8788 SW 8TH ST. MIAMI FL 33174
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/07/1981</b>	4. FEI Number <b>65-0038170</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30	

9. Name and Address of Current Registered Agent

~~ACEBO, HUGO~~  
~~8788 SW 8TH ST.~~  
~~MIAMI FL 33174~~

10. Name and Address of New Registered Agent

81 Name **Omnis B. Acebo**

82 Street Address (P.O. Box Number is Not Acceptable)  
**8788 S.W. 8th Street**

83

84 City **Miami, FL** 85 Zip Code **33174**

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 *Omnis B. Acebo* **Omnis B. Acebo** DATE **1-25-99**

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

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<del>ACEBO, HUGO</del>	
STREET ADDRESS	<del>8788 SW 8TH ST.</del>	
CITY-ST-ZIP	<del>MIAMI FL 33174</del>	
TITLE	PV	<input checked="" type="checkbox"/> DELETE
NAME	<del>ACEBO, OMNIS B.</del>	
STREET ADDRESS	<del>8788 SW 8TH ST.</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<del>DELGADO, LAURA</del>	
STREET ADDRESS	<del>8788 SW 8TH ST.</del>	
CITY-ST-ZIP	<del>MIAMI FL 33174</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Omnis B. Acebo		
1.3 STREET ADDRESS	8788 S.W. 8th Street		
1.4 CITY-ST-ZIP	Miami, Florida 33174		
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Jessica F. Acebo		
2.3 STREET ADDRESS	8788 S.W. 8th Street		
2.4 CITY-ST-ZIP	Miami, Florida 33174		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Hugo E. Acebo		
3.3 STREET ADDRESS	8788 S.W. 8th Street		
3.4 CITY-ST-ZIP	Miami, Florida 33174		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: *Omnis B. Acebo* **Omnis B. Acebo** 1/25/99 (3050 559-3150)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)