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

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003694 (5)**

1. Corporation Name
A.C.X. PACIFIC, INC.

Principal Place of Business	Mailing Address
5691 VANTAGE HWY ELLENSBURG WA 98926	5691 VANTAGE HWY ELLENSBURG WA 98926

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1995

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 77-0240608 ☐ 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~RAMIREZ, MIGUEL JR~~ ~~5609 30TH COURT EAST~~ ~~BRADENTON FL 34203~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 5609 30th Ct. East 83 84 City: Bradenton FL 85 Zip Code: 34203

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 the 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	DC	☐ DELETE	1.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	GILBERT, STEVEN		1.2 NAME	Larry L. Tucks	
STREET ADDRESS	245 PARK AVE., 44TH FLOOR		1.3 STREET ADDRESS	5691 Vantage Hwy	
CITY-ST-ZIP	NEW YORK NY 10167		1.4 CITY-ST-ZIP	Ellensburg, WA 98926	
TITLE	DC	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOMBOS, MICHAEL N SR		2.2 NAME		
STREET ADDRESS	2442 NW MARKET ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEATTLE WA 98107		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CONIGILIO, TERRY J		3.2 NAME		
STREET ADDRESS	110 W OCEAN BLVD., STE C		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONG BEACH CA 90802-4615		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEASHNO, MOSHE		4.2 NAME		
STREET ADDRESS	5691 VANTAGE HWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	ELLENSBURG WA 98926		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GOMBOS, JOHN		5.2 NAME	000002541900	
STREET ADDRESS	5691 VANTAGE HWY		5.3 STREET ADDRESS	-06/01/98--01032--026	
CITY-ST-ZIP	ELLENSBURG WA 98926		5.4 CITY-ST-ZIP	***150.00	
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	GOMBOS, MICHAEL N JR		6.2 NAME	S-D-G JR	
STREET ADDRESS	5691 VANTAGE HWY		6.3 STREET ADDRESS		
CITY-ST-ZIP	ELLENSBURG WA 98926		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ (509) 962-2809