

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90254 029 ***150.00

DOCUMENT # F95000003694

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

Principal Place of Business
5691 VANTAGE HWY
ELLENSBURG WA 98926

Mailing Address
5691 VANTAGE HWY
ELLENSBURG WA 98926



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2350 W. 12th St
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 9187
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

08/01/1995

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

City & State

23 Long Beach, CA
Zip Country

24 90813 25 USA

City & State

28 Long Beach, CA
Zip Country

29 90810 30 USA

9. Name and Address of Current Registered Agent

RAMIREZ, MIGUEL JR
5609 30TH COURT EAST
BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name Robert W. Clark
82 Street Address (P.O. Box Number is Not Acceptable)
100 N. Tampa St
83 Suite 2120
84 City Tampa FL 85 Zip Code 33602

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

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

(NOTE: Registered Agent signature required when reinstating)

4/30/99
DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DC
STREET ADDRESS GILBERT, STEVEN
CITY-ST-ZIP 245 PARK AVE., 44TH FLOOR
NEW YORK NY 10167

TITLE ☐ DELETE
NAME T
STREET ADDRESS TUCKS, LARRY
CITY-ST-ZIP 5691 VANTAGE HWY
ELLENSBURG WA 98926

TITLE ☐ DELETE
NAME DS
STREET ADDRESS CONIGLIO, TERRY J
CITY-ST-ZIP 110 W OCEAN BLVD., STE C
LONG BEACH CA 90802-4615

TITLE ☐ DELETE
NAME D
STREET ADDRESS LEASHNO, MOSHE
CITY-ST-ZIP 5691 VANTAGE HWY
ELLENSBURG WA 98926

TITLE ☐ DELETE
NAME P
STREET ADDRESS GOMBOS, JOHN
CITY-ST-ZIP 5691 VANTAGE HWY
ELLENSBURG WA 98926

TITLE ☐ DELETE
NAME V
STREET ADDRESS GOMBOS, MICHAEL N JR
CITY-ST-ZIP 5691 VANTAGE HWY
ELLENSBURG WA 98926

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)