

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L32226			
1. Corporation Name ACU INVESTMENTS CORPORATION			
2. Principal Place of Business		2a. Mailing Address	
21. EVELYN USLAR PIETRI		26. 1865 BRICKELL AVE. SUITE 208 MIAMI 33129	
22. MIAMI FLA		27. MIAMI FLA	
23. 33129 MIAMI FLA		28. 33129 MIAMI FLA	
24. 33129 U.S.A.		29. 33129 U.S.A.	
3. Date Incorporated or Qualified			
4. FEE Number 65-0214577			
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	
EVELYN USLAR PIETRI BRICKELL PLACE REALTY 1865 BRICKELL AVENUE SUITE 208 MIAMI 33129		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 607.0502 and 607.1408, 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 for the corporation and accept the obligations of Section 607.0505, Florida Statutes.			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME DE FACUSEH MARINA, PRESIDENT		1.1 TITLE ☐ Change ☐ Addition	
2. ADDRESS Cra. 6 No 6-95 Ap. 7-A		1.2 NAME	
3. CITY, ST, ZIP CARTAGENA- COLOMBIA P.O. BOX 1052		1.3 STREET ADDRESS	
4. CITY, ST, ZIP		1.4 CITY, ST, ZIP	
5. NAME		2.1 TITLE ☐ Change ☐ Addition	
6. ADDRESS		2.2 NAME	
7. CITY, ST, ZIP		2.3 STREET ADDRESS	
8. CITY, ST, ZIP		2.4 CITY, ST, ZIP	
9. NAME		3.1 TITLE ☐ Change ☐ Addition	
10. ADDRESS		3.2 NAME	
11. CITY, ST, ZIP		3.3 STREET ADDRESS	
12. CITY, ST, ZIP		3.4 CITY, ST, ZIP	
13. NAME		4.1 TITLE ☐ Change ☐ Addition	
14. ADDRESS		4.2 NAME	
15. CITY, ST, ZIP		4.3 STREET ADDRESS	
16. CITY, ST, ZIP		4.4 CITY, ST, ZIP	
17. NAME		5.1 TITLE ☐ Change ☐ Addition	
18. ADDRESS		5.2 NAME	
19. CITY, ST, ZIP		5.3 STREET ADDRESS	
20. CITY, ST, ZIP		5.4 CITY, ST, ZIP	
21. NAME		6.1 TITLE ☐ Change ☐ Addition	
22. ADDRESS		6.2 NAME	
23. CITY, ST, ZIP		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		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)(d), Florida Statutes. I further certify that the information supplied in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made and executed by me as 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 on the report as required by Section 607.0505, Florida Statutes, and that my name appears on the report as required by Chapter 607, Florida Statutes.			
SIGNATURE: De Facuseh Marina			

CR2E034 (10/97)