

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M37525 (6)

1. Corporation Name

A/C CENTER, INC.

Principal Place of Business

**1685 FLORIDA MANGO RD NORTH
W PALM BCH FL 33409**

Mailing Address

**1685 FLORIDA MANGO RD NORTH
W PALM BCH FL 33409**



3. Date Incorporated or Qualified

08/28/1986

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** **7101 N.W. 43rd St.**

22 City & State **27** Suite, Apt. #, etc.

23 City & State **28** **Miami, FL**

24 Zip **25** Country **29** **33166** **30** Country

4. FEI Number

59-2717033

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 has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**NAVARRO, JOSE A.
7950 WEST FLAGLER STREET
STE. 104
MIAMI FL 33144**

10. Name and Address of New Registered Agent

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 607.1508, 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

D
GOMEZ, JULIO
3701 NW 51ST ST
MIAMI FL

TITLE NAME ☐ DELETE

P
HERNANDEZ, CIRILO
3701 NW 51ST ST
MIAMI FL

TITLE NAME ☐ DELETE

T
ARVESU, PEDRO
3701 NW 51ST ST
MIAMI FL

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Treasurer** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
7101 N.W. 43rd St.
Miami, FL 33166

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
7101 N.W. 43rd St.
Miami, FL 33166

3.1 TITLE **Secretary** ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
7101 N.W. 43rd St.
Miami, FL 33166

4.1 TITLE **Vice President** ☐ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Hernandez, Jose C.
7101 N.W. 43rd St.
Miami, FL 33166

5.1 TITLE **Assist. Secretary** ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Hernandez, Jose C.
7101 N.W. 43rd St.
Miami, FL 33166

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jose C. Hernandez - V.P.

4-24-96

(305) 477-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)