

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 2:58

DOCUMENT # P92000003665 (6)

1. Corporation Name

A S A C INC.

Principal Place of Business

**12355 S.W. 194 TERRACE
MIAMI FL 33177**

Mailing Address

**12355 S.W. 194 TERRACE
MIAMI FL 33177**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1992

3a. Date of Last Report

04/21/1994

4. FEI Number

65-0375011

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 P.O. Box 970501

Suite, Apt. #, etc.

27 MIAMI, FL 33197

City & State

28 Zip

30 U.S.A

9. Name and Address of Current Registered Agent

**MORENO, ALVARO JAVIER
12355 SW 194 TERRACE
MIAMI FL 33177**

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 607.1908, 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 the applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MORENO, ALVARO JAVIER
STREET ADDRESS	12355 SW 194 TERR
CITY, ST, ZIP	MIAMI FL 33177
TITLE	DS
NAME	MORENO, SILVIA
STREET ADDRESS	12355 SW 194 TERR
CITY, ST, ZIP	MIAMI FL 33177
TITLE	DV
NAME	MORENO, CESAR
STREET ADDRESS	12355 SW 194 TERR
CITY, ST, ZIP	MIAMI FL 33177
TITLE	DT
NAME	MORENO, ALVARO
STREET ADDRESS	12355 SW 194 TERR
CITY, ST, ZIP	MIAMI FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 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)(b), 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 1007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alvaro Moreno DP*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

April 7/95 (101) 2556842

Date

(Expiring 12/31/95)