

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

FILED

Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000026375 (4)

1. Corporation Name  
ACH ASSOCIATES OF FLORIDA, INC.



Principal Place of Business

10221 SW 103RD CT  
MIAMI FL 33176  
US

Mailing Address

75 WEST 29TH ST.  
HIALEAH FL 33012-5701

3. Date Incorporated or Qualified  
04/08/1993

3a. Date of Last Report  
08/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 10221 S.W 103rd CT

Suite, Apt. #, etc.

27 City & State

28 Miami, Fla

Zip

Country

29

33176

30

U.S

4. FEI Number

65-0643821

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

6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SUAREZ, RODRIGO  
435 HIALEAH DRIVE, SUITE 11  
HIALEAH FL 33010

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, type the printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CABAZA, REYNALDO	
STREET ADDRESS	88-E 25TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	CABAZA, REYNALDO	
STREET ADDRESS	88 E 25TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Aurelio Alonso	
1.3 STREET ADDRESS	715 W 29th Street	
1.4 CITY-ST-ZIP	Hialeah, Fla 33012	
2.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Aurelio Alonso	
2.3 STREET ADDRESS	715 W 29th St	
2.4 CITY-ST-ZIP	Hialeah, Fla	
3.1 TITLE	Vice-president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Reynaldo Cabaza	
3.3 STREET ADDRESS	86-E-25th Street	
3.4 CITY-ST-ZIP	Hialeah, fla	
4.1 TITLE	Vice-president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ruben Marrero	
4.3 STREET ADDRESS	11511 N.W 58th Ave	
4.4 CITY-ST-ZIP	Hialeah, Fla 33012	
5.1 TITLE	Vice-president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Daymire Marrero	
5.3 STREET ADDRESS	11511 N.W 58th Ave	
5.4 CITY-ST-ZIP	Hialeah, Fla	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*Aurelio Alonso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aurelio Alonso 2/18/97 (305) 274-5382  
Date Daytime Phone #

0119522

CR2E034 (9/96)