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 Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90052 003 ***158.75

DOCUMENT #	P9400001014	0
4 Compretion Name		_

A2	GROUP,	INC.

Principal Place of Business

4981 S.W. 74TH COURT

MIAMI FL 33155

Mailing Address P.O. BOX 43-2310 MIAMI FL 33143



DO NOT WRITE IN THIS SPACE

					02/08/1994		
2 Principal P	pal Place of Business 2a. Mailing Address				4. FEI Number	Ap	plied For
2. 1 minispanii	300 0. 200000	26			65-0469324	No	t Applicable
- Suite. Apt.	#, etc	Suite Apt.#.	tc.			\$8:75	Additional
		27	- -		5. Certifcate of Status Desired	Fee Re	quired
City & State	e	City & State		<u>. </u>	8. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	, ,
Zip	Country	Zip	Co	untry	8. This corporation owes the current year	r Intangible	
24	25	29	30	•	Personal Property Tax.	∐Yes	∑Kvo
	9. Name and Address of Current		1001		10. Name and Address of New Registe	red Agent	
	0. 110.71	<u> </u>		81 Name			
RIBA	s, alberto g					<u></u>	
4981	S.W. 74TH COURT			82 Street Address (P.O. Box Number is Not Acceptable)			
MIAN	/II FL 33155			83			{
/ «.							<u></u>
				84 City		85 Zip (Code
				<u> </u>			
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida f Florida. Such chance	e statutes, the a e was authorize	d by the corporati	poration submits this statement for the purpos ion's board of directors. I hereby accept the a	ppointment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.05	05, Florida Sta	tutes.			
SIGNATURE		_					.
	Signature, typed or printed name of registered agent a			d Agent signature require			DO 11 42
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE ~	DPS	☐ DEI				Citatige	[] Addition
NAME	RIBAS, ALBERTO G		1.2	IAME			J
STREET ADDRESS	4981 SW 74TH COURT		1.3 8	TREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 0	STY-ST-ZIP			
TITLE	DT	☐ DEI	ETE 2.1 T	TITLE		Change	Addition A
NAME_	_rey,_german jr	الدارة المتحالية والمتحاد والمتحادة	2.21	IAME .	المعاليات المستحدد المحارب المناطق		
STREET ADDRESS	4981 S.W. 74TH COURT		2.3 5	TREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33155		2.4	CITY+ST-ZIP	<u></u> <u></u> .		
TITLE		☐ DEI		TILE		☐ Change	Addition
NAME			3.21	IAME			[
STREET ADDRESS			335	TREET ADDRESS			1
	-			CITY-ST-ZIP			ļ
CITY-ST-ZIP		☐ DE		ITLE		[] Change	Addition
TITLE		7 52		NAME		_ ,	_
NAME				1			-
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP	<u> </u>			CITY-ST-ZIP		☐ Change	☐ Addition
TITLE		□ DEI	1	ITLE IAME		[_] Orange	
NAME		. ,					
STREET ADDRESS				STREET ADDRESS]
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ DEI		TILE		Change	☐ Addition
NAME			6.21	IAME			
STREET ADDRESS			6.3 5	STREET ADDRESS			}
CITY-ST-ZIP			6.4 0	CITY-ST-ZIP			
	partify that the information cumplied with	this filing does not g	ralify for the ex	emotion stated in	Section 119.07(3)(i), Florida Statutes, I furthe	r certify that the i	nformation

Indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section (19.07(3)(f), Florida Statutes. I further centry that the information indicated on this annual report or suppliemental 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 reconer of the supplier of

SIGNATURE:

305-668-8939