

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Jul 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000058908 (2)

1. Corporation Name

A.C.L.F. MANAGEMENT GROUP, INC.

Principal Place of Business

604 NW 25TH AVE.  
MIAMI FL 33125

Mailing Address

2600 DOUGLAS ROAD #500A  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1994

4. FEI Number

65-0513180

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

21 2926-2928 SW 2ND ST  
Suite, Apt. #, etc.

2a. Mailing Address

26 7031 SW 62ND AVENUE  
Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL.

24 Zip Country

33135 USA

27 City & State

28 SOUTHMIAMI, FL.

29 Zip Country

33143 USA

9. Name and Address of Current Registered Agent

POZO, JUSTO LUIS  
2600 DOUGLAS ROAD STE. 500A  
CORAL GABLES FL 33134

81 Name

JACK MICHEL, MD

82 Street Address (P.O. Box Number is Not Acceptable)

7031 SW 62ND AVENUE

83

84 City

SOUTHMIAMI

FL

85 Zip Code

33143

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]*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/9/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PVT  
NAME CARDOSO, JOSE A  
STREET ADDRESS 10051 SW 14TH TER  
CITY-ST-ZIP MIAMI FL 33174

☐ DELETE

TITLE V  
NAME POZO, JUSTO LUIS  
STREET ADDRESS 13265 OLD CUTLER ROAD  
CITY-ST-ZIP MIAMI FL 33155

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT  
1.2 NAME JACK MICHEL, MD  
1.3 STREET ADDRESS 7031 SW 62ND AVENUE  
1.4 CITY-ST-ZIP SOUTHMIAMI, FL. 33143

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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: *[Signature]*

6/9/98

(305) 284-7700

CR2E034 (5/98)