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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P95000033031 (2)

A & C MULT: SERVICES, INC.

Principal Place of Business Mailing Address 7313 S.W. 144TH AVE. 7313 S.W. 144TH AVE. MIAMI FL 33183 MIAMI FL 33183-2962 3. Date Incorporated or Qualified 3a. Date of Last Report 04/24/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 21 26 65-0576161 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AZEVEDO, MARIA F 7313 S.W. 144TH AVE. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33183** 83 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 yill, and accept the obligations of Section 607,0505, Florida Statutes. MARIA Azeve do SIGNATURE when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 11 TITLE TITLE D 1.2 NAME AZEVEDO, ALFRED NAME STREET ADDRESS 7313 S.W. 144TH AVE. 1.3 STREET ADDRESS **MIAMI FL 33183** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME CONDON, CURTIS 2.2 NAME 10970 SW 57TH ST. STREET ADORESS 2.3 STREET ADDRESS MIAMI FL 2. 4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ DELETE Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZiP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS 4.4 City-St-7IP CITY-ST-ZIP ■ DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE 6.1 TITLE Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS City-St-ZiP 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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DE