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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000036601

. Corporation Name

AMERICAN CACIQUE ENTERPRISE CO., INC.

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US		US			DO NOT WRITE IN	HIS SPACE	
	,				3. Date Incorporated or Qualifed 05/05/1995		
A D :	Name of Discionary	2a. Mailing Address	-		4. FEI Number		Applied For
2. Principal P	Place of Business	<u> </u>			65-0585772	 	
21		26			05/0505772		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			5. Certificate of Status Desired	Fee	Required
City & Stat		City & State			6. Election Campaign Financing	\$5.0	0 May Be
L - '	e	⊢ ′			1		d to Fees
23		28			Trust Fund Contribution		d to rees
Zip	Country	Zip	Countr	y	8. This corporation owes the current year		:
24	25	29	30		Personal Property Tax.	X Yes	□No .
	9. Name and Address of Curi	rent Registered Agent			10. Name and Address of New Registe	red Agent	
	<u> </u>		8	Name		-	
KO	HORNG Y				•		
	7 GINGER CIRCLE		8:	Street A	Address (P.O. Box Number is Not Acceptable)		
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11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	ites, the abo	re-named o	corporation submits this statement for the purpor	se of changing	its registered
óffice or r	registered agent, or both, in the Sta	te of Florida. Such change was	authorized by	the corpo	corporation Submits this statement for the purpor ration's board of directors. I hereby accept the a	ppointment as	registerea
agent. La	im familiar with, and accept the obi	igations of, Section 607.0303, Fi	onua Statute	5.			
0.00147197							
I SIGNATURE					The second secon		
SIGNATURE	ungualture, typed or printed name of registered	-3		ent signature re	quired when reinstating) DA1		
12.		agent and title if applicable. (NOT AND DIRECTORS	E: Registered Age	ent signature re	ADDITIONS/CHANGES TO OFFICER	S AND DIREC	
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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 13 or Block 1

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TOPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1 5-193 X 94431

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90021 038 ***150.00

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