

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 03, 1999 8:00 am
Secretary of State

03-03-1999 90016 003 ***158.75

DOCUMENT # P95000072960

1. Corporation Name
THE ACRYLIC SOURCE, INC.

Principal Place of Business

1015 EAST 29ST
UNIT 1503A, SUITE B
HIALEAH FL 33013
US

Mailing Address

1015 EAST 29TH ST
UNIT 1503A, SUITE B
HIALEAH FL 33013
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1995

4. FEI Number

65-0617842

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 1015 EAST 29ST

2a. Mailing Address

26 1015 EAST 29 ST

Suite, Apt. #, etc.

22 X

Suite, Apt. #, etc.

27 X

City & State

23 HIALEAH, FL.

City & State

28 HIALEAH, FL.

Zip

24 33013

Country

25 U.S.A

Zip

29 33013

Country

30 U.S.A

9. Name and Address of Current Registered Agent

AARONSON, LINDA
4047 N.W. 7TH PLACE
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name

FAUSTO MENDEZ

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

4120 WEST 18TH LANE

83

4120 WEST 18TH LANE

84 City

HIALEAH.

FL

85 Zip Code

33012

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 FAUSTO MENDEZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/21/99 DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE
NAME AARONSON, LINDA
STREET ADDRESS 1631 WEST 38TH PLACE, SUITE B, UNIT 1503A
CITY-ST-ZIP HIALEAH FL 33012

TITLE VSD ☐ DELETE
NAME MENDEZ, ERIC
STREET ADDRESS 1631 WEST 38TH PLACE, SUITE B, UNIT 1503A
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME FAUSTO MENDEZ
1.3 STREET ADDRESS 4120 WEST 18TH LANE
1.4 CITY-ST-ZIP HIALEAH, FL. 33012

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4120 WEST 18TH LANE
2.4 CITY-ST-ZIP HIALEAH, FL. 33012

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

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

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

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

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, with all other like empowered.

SIGNATURE: FAUSTO MENDEZ *Fausto Mendez* 1/21/99 (305) 696-4446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)