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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000079634

1. Corporation Name

ACF SALES & CONSULTANT SERVICES, INC.

Principal Place	e of Business	Mailing Address				II IBB 12 8 10 10 10 10 10 10 10	******
14611 BALGOW	AN ROAD	14611 BALGOWAN ROAD					
#1-103		#1-103			DO NOT WRITE IN TH	IC CDACE	
MIAMI LAKES FL 33016 MIAMI LAKES FL 33016				3. Date Incorporated or Qualifed	IS SPACE		
					10/13/1995		
2 Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Api	olied For
21	race of Basilloss	26			65-0629110	<u> </u>	l Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			_	\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	Fee Re	quired
City & State		City & State	-		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees .
Zip	Country	Zip	Country	/	8. This corporation owes the current year		_
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent	
C) ID	DIA CEDDADA AMELIA		81	Name			
	IRIA-FERRARA, AMELIA		82	Street Add	ress (P.O. Box Number is Not Acceptable)	,	_
	11 BALGOWAN ROAD					,	
#1-1			83	i			-
MIAMI LAKES FL 33016			84	City		. 85 Zip C	Code
				'	F	L	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for the purpose	of changing its	registered
office or r agent. 1 a	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was au lations of, Section 607.0505, Flori	thorized by da Statute:	tne corporati	on's board of directors. I hereby accept the app	Omanem as reg	Jistelen .
SIGNATURE	•	,					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE:	Registered Age	nt signature require	d when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME CUBRIA-FERRARA, AMELIA		1.2 NAME					
STREET ADORESS	14611 BALGOWAN ROAD, #1	1-103	1.3 STREE	TADORESS			
CITY-ST-ZIP	MIAMI LAKES FL 33016		1.4 CITY-	ST-ZIP			—
TITLE		☐ DELETE	2.1 TITLE		•	☐ Change	· Addition
NAME			2.2 NAME			•	ł
STREET ADDRESS			2.3 STREE	TADDRESS	•		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME	ļ			
STREET ADDRESS				T + D D D C C C			,
CITY-ST-ZIP			3.3 STREE	ADDRESS			
TITLE			3.3 STREE 3.4, CITY-	i i		······································	
NAME		☐ DELETE	1	i i		☐ Change	☐ Addition
STREET ADDRESS		☐ DELETE	3.4. CITY-	ST-ZIP		Change	Addition
		☐ DELETE	3.4. CITY- 4.1 TITLE 4.2 NAME	ST-ZIP		☐ Change	Addition
CITY-ST-ZIP			3.4. CITY- 4.1 TITLE 4.2 NAME	ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY- 4.1 T(TLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE	ST-ZIP ST ADDRESS ST-ZIP		☐ Change	Addition
			3.4. CITY- 4.1 T(TLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP ST ADDRESS ST-ZIP			
TITLE			3.4. CITY- 4.1 T(TLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP ST ADDRESS ST-ZIP			
TITLE NAME		☐ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS			3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS 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, with all other like empowered.

AMELIA QUBRIA-FERRARA

SIGNATURE:

1-11-99

305 821-5445

6.4 CITY-ST-ZIP

SIGNATURE: lime