

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000022295 (5)

1. Corporation Name
ACG INTERNATIONAL, INC.



Principal Place of Business

2501 BRICKELL AVENUE STE 807
MIAMI FL 33129

Mailing Address

2501 BRICKELL AVENUE STE 807
MIAMI FL 33129-2480

3. Date Incorporated or Qualified

03/08/1996

3a. Date of Last Report

2. Principal Place of Business

21 2341 S.W. 92ND PLACE

Suite, Apt #, etc.

22 City & State

23 MIAMI, FLORIDA

Zip

24 33165

Country

2a. Mailing Address

26 2341 S.W. 92ND PLACE

Suite, Apt #, etc.

27 City & State

28 MIAMI, FLORIDA

Zip

29 33165

Country

30

4. FEI Number

65-0650123

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

BENZAQUEN, ALFONSO
2501 BRICKELL AVENUE STE 807
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

ALFONSO BENZAQUEN

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

2341 S.W. 92ND AVENUE

83

84 City

MIAMI

FL

85 Zip Code

33165

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 of agent or person in charge of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALFONSO BENZAQUEN	
1.3 STREET ADDRESS	2341 S.W. 92ND AVENUE	
1.4 CITY - ST - ZIP	MIAMI, FLORIDA 33165	
2.1 TITLE	TREASURER, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALFONSO BENZAQUEN	
2.3 STREET ADDRESS	2341 S.W. 92ND AVENUE	
2.4 CITY - ST - ZIP	MIAMI, FLORIDA 33165	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALFONSO BENZAQUEN	
3.3 STREET ADDRESS	2341 S.W. 92ND AVENUE	
3.4 CITY - ST - ZIP	MIAMI, FLORIDA 33165	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 this 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 in an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

ALFONSO BENZAQUEN JAN. 17, 1996

305-608-5653

Daytime Phone #

CR2E034 (9/96)