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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600024802 (6)
ACA INTERIORS. INC.

NOA III	ienons, ito:				
Principal Plac 650 OCEAN DI #8D KEY BISCAYN	RIVE	Mailing Address 650 OCEAN DRIVE #90 KEY BISCAYNE FL 33149-2324			
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1996	
2. Principal P	lace of Business	2a. Mailing Addre	SS	4. FEI Number Applied For Not Applied For Not Applied For	
Suite, Apt. 22		Suite, Apt. #, o	etc.	5. Certificate of Status Desired S8.75 Additional Fee Required	
City & Stat		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees	
Zip <b>24</b> ]	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible ta funder s. 199.032, Florida Statutes Yes You No	
****	9. Name and Address of Curr	ent Registered Agent		10, Name and Address of New Registered Agent	
	BEL, AMPARO		<b>81</b> Na	ame	
650	OCEAN DRIVE		2 Str	reet Address (P.O. Box Number is Not Acceptable)	
#9D			1	reet Address (1.0. box Admber is Not Acceptable)	
KEY	BISCAYNE FL 33149		3		
			1 Cit	ity 85 Zip Code	
office or r	to the provisions of Sections 607.09 egistered agent, or both, in the Sta m familiar with, and accept the obt	te of Florida. Such chano	e was authori	med corporation submits this statement for the purpose of changing its registered ecorporation's board of directors. I hereby accept the appointment as registered	
		3	po.		
SIGNATURE	Signature, typod or printed name of registered a	igent and title if applicable	(NOTE Registe agent sign	nature required whon reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DEL	₹1,1 F	Change Daddition	
NAME	ANGEL, AMPARO		1,2 / ME	Ana Anad Tootle	
STREET ADDRESS	650 OCEAN DRIVE #9D		1.3 SHEET ADDR	GEO OCECALDY #9D	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		1.4 O Y - ST - ZIP	Kan A 440 CL 23149	
TITLE		DEU		Change Disadition	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDR	Clayton Tootle #92	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		□ DEL		Change Addition	
NAME			3.2 NAME	Chargo Li Addition	
STREET ADDRESS			3.3 STREET ADDR	Nec	
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DEL		Change Addition	
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREEL ADDR	2020	
CITY-ST-ZIP			4.4 C/TY - S1 - ZIP		
TITLE		DELI		Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDR	RESS .	
CiTY-ST-ZIP			5.4 CI1Y - ST - ZIP		
TITLE	-	DEL		Change Addition	
NAME			6.2 NAME	Change L. Addition	
STREET ADDRESS			6.3 STREET ADDRE	14.00	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	<b>!</b>	
			201 OLT   OL Z.II	1	

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 logal 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.

**FILED** 

Jan 29 1997 8:00am

Secretary of State