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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

FILED

May 18 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000034320 (7)

ACA F	ILMS, INC.	·	•					
Principal Place of Business 601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131		Mailing Address 601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131		. DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified	q		
O Dringland I	Diagonal files in a second				04/19/1996			
2. Principal Place of Business		2a. Mailing Address	··)				Applied F	
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.		65-0666398 Not App			
22		27	h		5. Certificate of Status Desired		\$8.75 Addition Fee Required	al
City & State		City & State			6. Election Campaign Financing		\$5.00 May B	
23		28			Trust Fund Contribution		Added to Fees	
Zip Country		Zip Country		y	8. This corporation owes or has paid the current year Intangible			
24 25		29 30			Personal Property Tax due June 30. 🔲 Yes 🔲 No			
	9, Name and Address of Curre	ent Registered Agent			10. Name and Address of New I	Registere	d Agent	
	LEN & GALEGO		81	Name				
	1 BRICKEL KEY DRIVE		82	Street Add	dress (P.O. Box Number is Not Accept	able)		
i .	JITE 805		_	.l				
ML	AMI FL 33131		83	3				
			84	City			85 Zip Code	
44 Durament	10.15	00 - 4 (02 41 00 F) 11 O		<u>. </u>		F	_	
office or agent 1 a	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida: Such change was gations of, Section 607.0505, E	ites, the above authorized b Iorida Statute	ve-named cor by the corpora is:	rporation submits this statement for the ation's board of directors. I hereby acc	purpose ept the ar	of changing its register appointment as register	ed bered
SIGNATURE								
<u> </u>	Signature, typical or printed manife of registered as	the second secon		gent signature requ	ired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS PSD DELETE		13.		ADDITIONS/CHANGES TO OFF	ICERS AN		
NAME	PSD FLDA C	ריין טבנו ונ	1.1 TOLE				L Change	aition
STREET ADDRESS	BRAVO, ELDA C 601 BRICKELL KEY DRIVE #	IONE	1.2 NAME					
	MIAMI FL 33131	7000		T ADDRESS				
CITY-ST-ZIP TITLE	VD VD	DELETE	2.1 TITLE	S1-ZIP			Change Ad	dition
NAME	VIELMA, ELDA C		22 NAME				Cityliange City	UHIUH
STREET ADDRESS	601 BRICKELL KEY DRIVE	igns.	1	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131	.000	2.4 CITY-					
TITLE	\$	DELETE	3.1 TITLE	31-24			Change Ad	dition
NAME	ALLEN, ROBERT N JR	-	3.2 NAME	*				
STREET ADDRESS	601 BRICKELL KEY DRIVE #	805		T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131		3.4. CITY-					
TITLE		DELETE	4.1 TITLE			· · · · · · · · · · · · · · · · · · ·	Change Ad	dition
NAME			4. 2 NAME				-	
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP	l		4.4 CITY-	ST-ZIP				
TITLE	,	DELETE	5.1 TITLE				☐ Change ☐ Ad	dition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		DELETE	6 1 TITLE				Change Ad	dition
NAME			6.2 NAME					
STREET ADDRESS			63 STRLE	i address				
CITY-ST-ZIP			6.4 CiTY -	ST-ZIP				

14. Thereby 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 aurital 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 recover or bisted emported 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 attackness will appear a director.