

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
Aug 23, 1999 8:00 am
Secretary of State

08-23-1999 90006 011 ***550.00

DOCUMENT # P960000034320

1. Corporation Name

Aca Films, Inc.



Principal Place of Business

Mailing Address

601 Brickell Key Drive
Suite 805
Miami, FL 33131

601 Brickell Key Drive
Suite 805
Miami, FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/19/96

2. Principal Place of Business

21 260 Crandon Blvd.

2a. Mailing Address

26 260 Cranden Blvd.

4. FEI Number

65-0666398

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 32-451

Suite, Apt. #, etc.

27 Suite 32-451

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Key Biscayne FL

City & State

28 Key Biscayne FL

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Zip

24 33149

Country

25 USA

Zip

29 33149

Country

30 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Allen & Gallego
601 Brickell Key Drive
Suite 805
Miami, FL 33131

81 Name Marco E. Rojas

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

520 Brickell Key Drive

83 Suite 305

84 City

Miami

FL

85 Zip Code

33131

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

Marco E. Rojas

8/6/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P/S/D Elda C. Bravo
STREET ADDRESS 601 Brickell Key Drive Suite 805
CITY-ST-ZIP Miami, FL 33131

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME V/D Elda C. Vielma
STREET ADDRESS 601 Brickell Key Drive, Suite 805
CITY-ST-ZIP Miami, FL 33131

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME S Robert N. Allen, Jr.
STREET ADDRESS 601 Brickell Key Drive, Suite 805
CITY-ST-ZIP Miami, FL 33131

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: Elda C. Bravo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/99 (305) 854-2083

Date

Daytime Phone #

CR2E034 (11/98)