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

PROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000037683 (5)

A.C.G.	TAX SERVICE, INC.				
Principal Place	e of Business	Mailing Address			
7235 CORAL	WAY	7235 CORAL WAY			
201	te	201 Miami Fl 33155		DO NOT WRI	TE IN THIS SPACE
		US		3. Date Incorporated or Qualified	- <del></del>
		-		04/26/1996	•
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0667241	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			60.75
22		27		5. Certificate of Status Desired	Fee Required
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 or has	paid the current year Intangible
24	25	293	10	Personal Property Tax due Jur	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New F	Registered Agent
	PEZ, MARIA		81 Name	natilde Sue	
723	35 CORAL WAY			ess (P.O. Box Number is Not Accept	
20°				235 CORAL W	ay Ste. 201
MM	AMI FL 33155		83		
			84 City	niami	FL 85 Zip Code 33155
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corport office or registered agent, or both, in the State of Florida, Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutos					e purpose of changing its registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the other Matilde Sues Signature types or proper transcribers to	ໃບ	thorized by the corporation of the statutes.	ur V	rept the appointment as registered
12.		ND DIRECTORS	T 13.		ICERS AND DIRECTORS IN 12
TITLE	DPS	DELETE		PS	Change Addition
NAME	LOPEZ, MARIA	•	1.2 NAME	intilde Suero	
STREET ADDRESS	246 SW 102 PLACE		1.3 STREET ADDRESS 7	235 CORAL WAY ,	Ste. 201
CITY-ST-ZIP	MIAMI FL 33174			Miami , Fe. 331	S <b>S</b>
TITLE		DELETE	2.1 1  [LE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			0 4 0 TV 0T 7/D		
			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
		☐ DELETE			Change Addition
TITLE		DELETE	4.1 TITLE		Change Addition
TITLE NAME			4.1 TITLE 4. 2 NAME		
TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	•		4.1 NITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition

64CITY-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 eath; that I am an officer or director of the corporation or the recorder or Justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an all fine with an address.

CIONATUDE.

matilde Sueno

Mades

(201) 3/7-4670

**FILED** 

May 14 1998 8:00am

Secretary of State