

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90044 012 \*\*\*158.75

DOCUMENT # P96000037683

1. Corporation Name  
A.C.G. TAX SERVICE, INC.

Principal Place of Business  
7235 CORAL WAY  
201  
MIAMI FL 33155  
US

Mailing Address  
7235 CORAL WAY  
201  
MIAMI FL 33155  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country

3. Date Incorporated or Qualified  
04/26/1996

4. FEI Number  
65-0667241

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
SUERO, MATILDA  
7235 CORAL WAY  
201  
MIAMI FL 33155

10. Name and Address of New Registered Agent  
81 Name MARIA LOPEZ  
82 Street Address (P.O. Box Number is Not Acceptable) 7235 CORAL WAY STE 201  
83  
84 City MIAMI FL 85 Zip Code 33155

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 607.0305, Florida Statutes.

SIGNATURE *Maria Lopez* DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DPS	<input type="checkbox"/>
NAME	SUERO, MATILDE	
STREET ADDRESS	7235 CORAL WAY STE 201	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	LOPEZ, MARIA		
1.3 STREET ADDRESS	7235 CORAL WAY STE 201		
1.4 CITY-ST-ZIP	MIAMI, FL 33155		
2.1 TITLE	VPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	SUERO, MATILDE		
2.3 STREET ADDRESS	7235 CORAL WAY STE 201		
2.4 CITY-ST-ZIP	MIAMI, FL 33155		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Maria Lopez* Date 3/3/99 (305) 247-5837  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #  
MARIA LOPEZ PRESIDENT

CR2E034 (11/98)