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

PROFIT CORPORATION **ANNUAL REPORT** 1998

FLORIDA DEPARTMENT OF STATE

Sandra Bailtortháigh

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Feb 13 1998 8:00am Secretary of State

ASEC (GROUP, INC.	,000+00 (L)			
Principal Place of Business Mailing Address				- 1 10011003 LIO 18416 OTITI SEUL BÈLLI BOLLI DOLET	NICE INCH SIEN ANION WIN COM:
\$557 WEST OAKLAND BOULEVARD. SUITE 297 5557 WEST OAKLAND LAUDERHILL FL 33313 LAUDERHILL FL 33313			NULEVARD. SUITE 297	DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	IS SPACE
				07/11/1996	
2. Principal P	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21 26		т ¬		65-0681703	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
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	7(p	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Curren	29 Peoletered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
414		i negistered Agent	81 Name G	10, Name and Address of New Registers	NO AGENT
	IERILAWYER CHARTERED		2	mulo COWA	
343 ALMERIA AVENUE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			83 10-70	12 .1(1 257	
			157	17 NW 7 37	
	•		84 City	north Pine 5	L 85 Zip Code 28
11 Pursuant	to the provisions of Suctions 607 050	2 and 607 1508. Florida Statute	as the above-named corp		
office or r	registered agent, or both, in the State	of Florida, Such change was a	uthorized by the corporat	oration submits this statement for the purposion's board of directors. I hereby accept the a	ppointment as registered
	im ramidation and accept the bilga	idens er, section 607.0505, Fid 1	rida Statutes.	0.9/1	26/98
SIGNATURE	Signature, typod or proper came of requirered ager	(NOT)	Registered Agent signature requir	ed when reinstating) DATE	10/10
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	CONTRERAS DUQUE, LUZ DE		1.2 NAME		
STREET ADDRESS	5557 WEST OAKLAND BOULE	EVARD, SUITE 297	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DEFELE	2.1 TITLE		Change Addition
NAME	SALAZAR, ANGEL		2.2 NAME		
STREET ADDRESS	5557 WEST OAKLAND BOULE	EVARD, SUITE 297	2 3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHIU. FL 33313	Ditte	2. 4 CITY-ST-ZIP		Change Addition
TITLE		[] DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	 	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		F 0.00	4. 2 NAME		FT parents FT virgition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		hand o here the	5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY+ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME		•	6.2 NAME		—
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied wi	In this filing does not qualify fo	r the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further a shall have the same legal effect as if made used by Chaple 607, Florida Statutes; and the	certify that the information
indicated officer or	on this annual report or supplemental director of the corneration or the ruce	Fannual report is true and acc	urate and that my signature	re snall have the same legal effect as if made	under cath; that I am an

SIGNATURE: