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FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000095535 (6)

1. Corporation Name  
ACEP INTERNATIONAL, INC.

Principal Place of Business  
1823 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33071

Mailing Address  
1823 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33071-8001



2. Principal Place of Business

21 10750 WILES RD

Suite, Apt. #, etc.

22

City & State

23 CORAL SPRINGS, FL

Zip

24 33067

Country

25 US

2a. Mailing Address

26 10750 WILES RD

Suite, Apt. #, etc.

27

City & State

28 CORAL SPRINGS, FL

Zip

29 33067

Country

30 US

3. Date Incorporated or Qualified

11/18/1996

3a. Date of Last Report

4. FEI Number

65-0718520

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

SAKAYA, RUMI  
1823 UNIVERSITY DR.  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name RUMI SAKAYA

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

10750 WILES ROAD

83

84 City CORAL SPRINGS

FL

85 Zip Code 33067

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

04.18.97

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PRESIDENT	PAULO SERGIO CORDEAO	10750 WILES ROAD	CORAL SPRINGS FL 33067	<input type="checkbox"/>
VICE PRESIDENT	DNA CRISTINA SIMOES DUARTE DE OLIVEIRA	10750 WILES ROAD	CORAL SPRINGS FL 33067	<input type="checkbox"/>
DIRECTOR	RUMI SAKAYA	10750 WILES ROAD	CORAL SPRINGS FL 33067	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Add
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Add
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Add
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Add
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RUMI SAKAYA

04.18.97 (954) 253-5991