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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE: 🚣



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000095535 (6)

ACEP INTERNATIONAL, INC.

Principal Place of Business Mailing Address 10750 WILES RD. 10750 WILES RD. CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 2. Principal Place of Business 2a. Mailing Address 26

FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Daytime Phone #

3. Date Incorporated or Qualified 11/18/1996

4. FEI Number Applied For 21 65-0718520 Not Applicable Suite, Apt. #, etc. Suite, Apt. # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SAKAYA, RUMI 10750 WILES RD. Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33067 83 Zìp Code 11. Pursuant to the provisions of Sections 607,0500 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. office or registered ager agent. I am familier with SIGNATURE typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) (10/97) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change TITLE CORDARO, PAULO S. NAME 1,2 NAME **12E034** 10750 WILES RD. STREET ADDRESS 1,3 STREET ADDRESS CORAL SPRINGS FL CITY-ST-7IP 1.4 CiTY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE DE OLIVEIRA, ANA 2.2 NAME NAME 10750 WILES RD. STREET ADDRESS 2.3 STREET ADDRESS CORAL SPRINGS FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME SAKAYA, RUMI 3.2 NAME 10750 WILES RD. STREET ADDRESS 3.3 STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE __ Change Addition 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 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 of 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.

E REQUIRED