

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000104574 (4)

1. Corporation Name
AC GROUP, INC.

Principal Place of Business
1111 LINCOLN RD. SUITE 500
MIAMI BEACH FL 33139

Mailing Address
1111 LINCOLN RD. SUITE 500
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 % ARKIN
22 Suite, Apt. #, etc.
8801 S.W. 68TH AVE.
23 City & State
MIAMI FL
24 Zip
33156 25 Country
US

2a. Mailing Address

26 % ARKIN
27 Suite, Apt. #, etc.
8801 S.W. 68TH AVE.
28 City & State
MIAMI FL
29 Zip
33156 30 Country
US

3. Date Incorporated or Qualified

12/30/1996

4. FEI Number 65-0727010
APPLIED FOR

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M
1111 LINCOLN RD. SUITE 500
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name L. JULIO ARKIN
82 Street Address (P.O. Box Number is Not Acceptable)
8801 S.W. 68TH AVE
83
84 City MIAMI, FL. FL 85 Zip Code
33156

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE	ARKIN, STANLEY	1111 LINCOLN RD. SUITE 500	MIAMI BEACH FL 33139
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		5500 COLLINS AVE. #603	MIAMI BEACH, FL. 33140
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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.

SIGNATURE:

[Signature]

2-1-98

305-34-0185

CR2E034 (10/97)