PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000011280 1. Corporation Name

AC INTERNATIONAL SERVICES, INC.

Principal Place of Business 6105 SW 8TH STREET

Mailing Address

6105 SW 8TH STREET MIAMI FL 33144

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90090 050 ***150.00



MIAMI FL 33144		MIAMI FL 33144			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	,		
					02/04/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			plied For
11	•	26			65-0725396			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional quired
City & State		City & State		<u>-</u> _	6. Election Campaign Financing	\$	5.00	May Be
:3		28			Trust Fund Contribution			to Fees
Zip	Country		Country		8. This corporation owes the current year	r Intangible	e	
24	25	29 30			Personal Property Tax.	□ Ye	es	₽ No
	9. Name and Address of Current				10. Name and Address of New Registe	red Agent	<u> </u>	
			81	Name				}
CURBELO, ANDRES L				Chront Ad	description (D.O. Boy Number in Not Accordable)			
6105	SW 8TH STREET		82 Street Address (P.O. Box Number is Not Acceptable)]
MIAN	/II FL 33144 .		83					
	٠.		84	City		FL 85	Zip (Code
					rporation submits this statement for the purpos		ina its	registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was author	ized by	the corporat	tion's board of directors. I hereby accept the a	ppointmen	t as re	gistered
SIGNATURE					red when reinstating) DAT			 [
	Signature, typed or printed name of registered agent		13.	it signature requi	red when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:		FCTC	RS IN 12
12.	OFFICERS AND	7 D.II. 12 STOTES	I.1 TITLE		ADDITIONAL PLANTAGE TO STATE TO		hange	Addition
TITLE	PSTD					-		_ {
NAME	CURBELO, ANDRES L		I.2 NAME					İ
STREET ADDRESS	6105 SW 8TH STREET			T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-S	T-ZIP			hange	Addition
TITLE		☐ DELETE	2.1 TITLE				Haliye	L) Addition
NAME		1	2.2 NAME					
STREET ADDRESS	*		2.3 STREET	TADDRESS	•			ì
CITY-ST-ZIP	4		2. 4 CITY-5	iT-ZiP	<u> </u>			
TITLE		☐ DELETE ;	3.1 TITLE			Пс	hange	Addition
NAME	,]:	3.2 NAME					j
STREET ADDRESS			3.3 STREET	TADDRESS				
CITY-ST-ZIP	•	:	3.4. CITY-S	ST-ZIP				
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NAME		į.	4, 2 NAME					
STREET ADDRESS		j,	4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	oT-ZIP				
TITLE			5.1 TITLE				hange	☐ Addition
NAME			5.2 NAME					
	·`	·	5.3 STREE	T ADDRESS				j
STREET ADDRESS	,		5.4 CITY-S					
CITY-ST-ZIP			B.1 TITLE			ПС	hange	Addition
TITLE			6.2 NAME	1			•	_ "
NAME		a di		T ADDRESS		•		-
STREET ADDRESS								
CITY-ST-ZIP	•		6.4 CITY-S	1-ZIP		v		

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.