SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90025 040 ***150.00

1999	The state of the s	DIVISION OF CORPORATIONS
DOCUMENT # F	970000210)33
A.C. MORTGAGE CORP	?.	

Principal Place of Business Mailing Address		Mailing Address						#188 SILWG (111)88	ч
8150 SW 8 ST. 8150 SW 8 ST.									
STE. 221 STE. 221			•			DO NOT WRITE IN TH	S SPACE		
MIAMI FL 33144	•	MIAMI FL 33144				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
)						03/07/1997-			
2 Principal P	Place of Business	2a. Mailing Address	•			4. FEI Number		Applied For	\dashv
21 26					65-0733725		Not Applicat	ole	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.7	5 Additional	_
22	,	27				5. Certificate of Status Desired	Fe	e Required	
City & Stat	te	City & State				6. Election Campaign Financing	\$ 5.	00 May Be	
23		28				Trust Fund Contribution	Add	led to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year			
24	25	29	30			Intangible Personal Property.	Yes	L No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registere	d Agent		
0.45	DIEDO ANIOSTO I			81	Name				
	RIEDO, ANICETO J			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			\dashv
	SW 8 ST.			L.,					_
STE.				83					
MIAN	Al FL 33144			84	City		. 85	Zip Code	\dashv
					-	F		<u>'</u>	
office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida, Such change was	authorize	d by t	the corporatio	ation submits this statement for the purpose of in's board of directors. I hereby accept the app	changing i ointment a	s registered s registered	
	Signature, typed or printed name of registered age			red Ag	ent signature requi	ired when reinstating) DATE		OTODO III 40	ءِ إ
12.	T	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	P ANDUITO ANIOTTO I	L DELETE	1.1 TI				L Char	nge 🔝 Additi	ion
NAME	CARRIEDO, ANICETO J		1.2 NA						أ
STREET ADDRESS	*				ADDRESS				5
CITY-ST-ZIP	MIAMI FL 33144			TY-ST-Z	ZIP				<u></u> ₹
TITLE	V CARRIERO JORGE A	☐ DELETE	2.1 TI				Chai	nge Additi	ion
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STREET ADDRESS	8150 SW 8 ST. #221		1		ADDRESS				1
CITY-ST-ZIP	MIAMI FL 33144			TY-ST-	ZIP				
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NAME			3.2 N/		ADDRESS				
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NAME		DELETE	4.1 TI			······································	Chai	nge Additi	
		DELETE	4.1 TI	ME	ADDRESS		Chai	nge Addit	
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CITY-ST-ZIP			4.1 TI 4.2 N/ 4.3 ST 4.4 CI	AME REET A					ion
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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 corporation 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 charged, appear an arachment with an address.

SIGNATURE:

305-261-1566

A Mortgage Corp.

594603-90025-40 P97000021033

July 13, 1999

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallal assee FL 32302

To Whom It May Concern:

Find enclosed replacement check for filing for AC Mortgage Corp. I send my filing back in April with check # 1059; your division has not cash the check. I put a stop payment on this check for security reasons. When I spoke with one of your customer service personnel, she gave the instruction of sending a replacement check. Thanks for the prompt response to this matter.

Sincerely

Aniceto J. Carriedo

President