

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).

**FILED**  
**Aug 26, 1999 8:00 am**  
**Secretary of State**  
 08-26-1999 90004 012 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000049979**  
 1. Corporation Name  
**ACOSTA OF MIAMI INC.**



Principal Place of Business 407 LINCOLN ROAD SUITE 5-B MIAMI BEACH FL 33139	Mailing Address 407 LINCOLN ROAD SUITE 5-B MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/06/1997</b>	
4. FEI Number <b>65-0775643</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

**9. Name and Address of Current Registered Agent**

**BRITO, LUIS G**  
 407 LINCOLN ROAD  
 SUITE 5-B  
 MIAMI BEACH FL 33139

**10. Name and Address of New Registered Agent**

81 Name <b>Paul Acosta</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>17315 NW 81st Ave</b>	
83 City <b>Miami</b>	
84 State <b>FL</b>	85 Zip Code <b>33015</b>

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: *Paul Acosta* DATE: **8-11-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>ACOSTA, PAUL</b>
STREET ADDRESS	<b>17911 NW 68TH AVENUE, # 0-208</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>17315 NW 81ST AVE</b>
1.4 CITY-ST-ZIP	<b>MIAMI FL 33015</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 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: *Paul Acosta* DATE: **8-11-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

**ACODTA OF MIAMI, INC.  
17315 NW 81<sup>ST</sup> AVENUE  
MIAMI, FL 33015**

P97000049979  
609650-90004-12

**Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314**

**August 11, 1999**

**Ref.: P97000049979**

**Dear Sir/Madam,**

**Please abate the penalties of \$400, attached is enclosed a check in the amount of \$150.00.**

**I never received the annual report due to incorrect address. My correct address is included on my annual report.**

**Sincerely,**

**Paul Acosta**

**PA/irp**