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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000091542

1. Corporation Name

**ACFIL CORPORATION** 

Principa	Place of	f Business	

## **FILED** Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90020 008 \*\*\*158.75



Principal Plac	e ui pusiness	Maining Address				
8045 NORTH V	NEST 36TH STREET SUITE 528	8045 NORTH WEST 3 MIAMI FL 33166	OCTH STREET	SUITE	528	
=						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
	•					10/24/1997
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0789110 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	·.			\$8.75 Additional
22		27.				5. Certificate of Status Desired
City & Stat	te	City & State				6. Election Campaign Financing S5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cor	untry		8. This corporation owes the current year Intangible
	25	29	30	•		Personal Property Tax. XYes No
24	9. Name and Address of Curre					10. Name and Address of New Registered Agent
	5. Name and Address of Out	chi registerea Agent		81	Name	
CHI	NHA, ILIANA					
804	5 NORTH WEST 36TH STREET	SUITE 528		82	Street Addr	ress (P.O. Box Number is Not Acceptable)
MIA	MI FL 33166			83		· · · · · · · · · · · · · · · · · · ·
•				84	City	85 Zip Code
						oration submits this statement for the purpose of changing its registered
office or agent. I a	registered agent, or both, in the Stat am familiar with, and accept the oblic	e of Florida. Such change v	vas authorize	d by th	e corporation	on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registere	d Agent s	ignature require	d when reinstating) DATE
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	☐ DELE	TE 1.1 T	TILE		☐ Change ☐ Addition
NAME	CUNHA, ILIANA		1.2 N	AME		
STREET ADDRESS	AALE MORTH WEAT AATH AT	REET SHITE 528	1.3.5	TREET AL	DORESS	
		THEET COME OF		CITY-ST-Z		
CITY-ST-ZIP	MIAMI FL 33166	DELE		7111-31-2 TTLE	IP	☐ Change ☐ Addition
TITLÉ	VTD	_			}	
NAME	FONSECA, ANTONIO CARLO		I	AME		
STREET ADDRESS		IREET SUITE 528	2.3 5	STREET AL	DORESS	•
CITY-ST-ZIP	MIAMI FL 33166			CITY-ST-	ZIP	ma mane
TITLE	, s	☐ DEFE.	TE 3.1 T	TITLE		Change Addition
NAME			3.2 N	NAME.		
STREET ADDRESS		•	3.3 9	TREET A	DDRESS	5 :
CITY-ST-ZIP				CITY-ST-		
TITLE	<u> </u>	☐ DELE		TITLE		☐ Change Addition
	}			NAME.		
NAME	11.				DDDEEC	
STREET ADDRESS	<b>6</b>  .			STREET A		
CITY-ST-ZIP		ra		CITY-ST-Z	ZP	☐ Change ☐ Addition
TITLE		DELE		TITLE		
NAME			5.2	NAME		3
STREET ADDRESS			5.3 9	STREET A	DDRESS	
CITY-ST-ZIP			5.4 (	CITY-ST-2	ZiP	
TITLE	\$2 3 4 A	☐ DELE	TE 6.1 T	TITLE		☐ Change ☐ Addition
NAME		•		NAME		•
77 .4	Ann . A			STREET AL	DDRESS	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·					
				CITY-ST-Z		

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, with all other like empowered.

SIGNATURE:

01/04/99