

PAY NOW. FILING FEE AFTER MAY 1ST IS \$330.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90269 028 ***150.00

DOCUMENT # *P97000091745 ✓OK*
1. Corporation Name *Accounting Solution Group Inc*

Principal Place of Business Mailing Address
1800 West 49th Street Suite 213 Hialeah Fl. 33012 *1800 West 49th Street Suite 213 Hialeah Fl. 33012*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified *10-24-97*

4. FEI Number *65-0791352* 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 *1800 West 49th Street.* 26 *1800 West 49th Street.*

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 *Suite 213* 27 *Suite 213*

City & State City & State

23 *Hialeah Fl.* 28 *Hialeah Fl.*

Zip Country Zip Country

24 *33012* 25 *33012* 29 *33012* 30 *33012*

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

Gregorio Callejas 81 Name

1800 West 49th Street Suite 213 82 Street Address (P.O. Box Number is Not Acceptable)

Hialeah Fl. 33012 83

84 City 85 Zip Code

FL

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]* (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition

NAME *PD* 12 NAME

STREET ADDRESS *Gregorio Callejas* 13 STREET ADDRESS

CITY-ST-ZIP *1800 West 49th Street Suite 213* 14 CITY-ST-ZIP

TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition

NAME *VP* 22 NAME

STREET ADDRESS *Erick Vargas* 23 STREET ADDRESS

CITY-ST-ZIP *1800 West 49th Street* 24 CITY-ST-ZIP

TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition

NAME 3.2 NAME

STREET ADDRESS 3.3 STREET ADDRESS

CITY-ST-ZIP 3.4 CITY-ST-ZIP

TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition

NAME 4.2 NAME

STREET ADDRESS 4.3 STREET ADDRESS

CITY-ST-ZIP 4.4 CITY-ST-ZIP

TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition

NAME 5.2 NAME

STREET ADDRESS 5.3 STREET ADDRESS

CITY-ST-ZIP 5.4 CITY-ST-ZIP

TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition

NAME 6.2 NAME

STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gregorio Callejas President *4/28/99 (302) 12 1885*