


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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90032 022 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P97000100454 ✓					
1. Corporation Name <b>ACHE INC.</b>					
Principal Place of Business <b>299 SW 27 Ave Miami, FL 33135</b>			Mailing Address <b>299 SW 27 Ave Miami, FL 33135</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11-25-97</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0805190</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>ALBERTO Dominguez 299 SW 27 Ave Miami, FL 33135</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE _____ NAME <b>Dominguez, ALBERTO</b> <input type="checkbox"/> DELETE					
STREET ADDRESS <b>299 SW 27 Ave</b>					
CITY-ST-ZIP <b>Miami, FL 33135</b>					
TITLE _____ NAME _____ <input type="checkbox"/> DELETE					
STREET ADDRESS _____					
CITY-ST-ZIP _____					
TITLE _____ NAME _____ <input type="checkbox"/> DELETE					
STREET ADDRESS _____					
CITY-ST-ZIP _____					
TITLE _____ NAME _____ <input type="checkbox"/> DELETE					
STREET ADDRESS _____					
CITY-ST-ZIP _____					
TITLE _____ NAME _____ <input type="checkbox"/> DELETE					
STREET ADDRESS _____					
CITY-ST-ZIP _____					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME _____					
1.3 STREET ADDRESS _____					
1.4 CITY-ST-ZIP _____					
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Daytime Phone #

CR2E034 (11/98)