

AND 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

1999



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

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90031 040 ***550.00

DOCUMENT # **P97000106260**

Corporation Name

ACA ASSOCIATES, INC.

009022 / 00031 - 90



Principal Place of Business

5 SW 94TH AVE
MIAMI FL 33157

Mailing Address

17255 SW 94TH AVE
MIAMI FL 33157
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1997

4. FEI Number

65-0805448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☐ No

Principal Place of Business

17255 SW 95th Ave

Suite, Apt. #, etc.

Miami FL

City & State

33157 Dade

Zip

Country

25

2a. Mailing Address

156 Paloma Dr

Suite, Apt. #, etc.

Coral Gables, FL

City & State

33143

29

Country

Dade

9. Name and Address of Current Registered Agent

SANCHEZ, ALVARO
156 PALOMA
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. NAME ☐ DELETE
D SANCHEZ, ALVARO
2. STREET ADDRESS
156 PALOMA
3. CITY-STATE-ZIP
CORAL GABLES FL 33143

4. NAME ☐ DELETE
5. STREET ADDRESS
6. CITY-STATE-ZIP

7. NAME ☐ DELETE
8. STREET ADDRESS
9. CITY-STATE-ZIP

10. NAME ☐ DELETE
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. NAME ☐ DELETE
14. STREET ADDRESS
15. CITY-STATE-ZIP

16. NAME ☐ DELETE
17. STREET ADDRESS
18. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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.

SIGNATURE: *Alvaro Sanchez* REQUIRED

CR2E034 (5/99)