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 # **P98000011549**1. Corporation Name

ACTION SERVICE GROUP, INC.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90127 039 ***150.00

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		4					
Principal Place	e of Business	Mailing Address			1 1881(80) 168 1848) 101(1 884) 884(6)	Abiai (168) 1189) A itti) RINIO 1917 INST
5320 NW 55 BL	.VD	5320 NW 55 BLVD					
STE 206 COCONUT CRE	STE 206		DO NOT WRITE IN THIS SPACE				
GOCONOT CHE	EEK FL 33073 COCONUT CREEK FL 33073		3. Date Incorporated or Qualifed				
}		_			02/05/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Mumber)() A	pplied For
21 483	o Marinero Way	26 4930 MW	<u>woll arenur</u>	41	105-081300	XX IN	ot Applicable
Suite Apt.	#, etc.	Suite, Apt. #, etc.		0	5. Certificate of Status Desired		Additional
22 Suit		27 Swite E			3. 00,000	Fee Re	equired
City & Stat	mut treel	28 COCONUT	Held		6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip 330	63 ZS USA	29 33063 3	Country S P		This corporation owes the current year Personal Property Tax.	ar Intangible Ves	XNo
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	ered Agent	
4445	DII 4340/E0		81 Name	_	Suliana Fran	nca	1
,	RILAWYER		82 Street	Addres	ress (P.O. Box Number is Not Acceptable)		
	ALMERIA AVENUE AL GABLES FL 33134			<u> </u>	61 N. Federal M	<i>xy</i>	
CON	AL GABLES FE 33134		83		Λ		1
1		Λ	84 City	0		85 Zip	3064
ļ		- data =		Tor		FL 3	,3069
office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State of	and 607/1508, Florida Statutes f Florida/ Such change was abt	horized by the corp	corpor oration	ration submits this statement for the purpos i's board of directors. I hereby accept the a	se of ghanging its appointment as re	egistered
agent. I at	m familiar with, and accept the obligation	ons of, Section 667 0505, Florid	ia Statutes.	//	α	129	100
SIGNATURE	Signature, typed or printed name of registered agent	and title if adolicable (NOTE: A	ncura egistered Agent signature	epured w	WLIANA tranca 3		47 I.
12.	OFFICERS AND	/	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	ORS IN 12
TITLE	KIB/	☐ DELETE	1.1 TITLE	PTI)	∴ Change	Addition
NAME	BARBOSA, ANDRIANO X		12 NAME	A.	DRIAND XAVIER BARB.	مکو	} 3
STREET ADDRESS	5320 NW 55 BLVD, STE 206		1.3 STREET ADDRESS	48	830 MARINERS WAY #E	; ;	} i
CITY-ST-ZIP	COCONUT CREEK FL 33073		1.4 CITY-ST-ZIP		OCONUT CREEK, FL 3		6
TITLE	VD	☐ DELETE	2.1 TITLE	ND		Change	Addition C
NAME	DEMELLO, MARCO A		2.2 NAME	AI	DRIANS XAVIER BARG	<u>1054</u>]
STREET ADDRESS	5320 NW 55 BLVD, STE 206		2.3 STREET ADDRESS	48	130 MARINERS WAY	* - -	
CITY-ST-ZIP	COCONUT CREEK FL 33073		2.4 CITY-ST-ZIP	-	CONUT CREEK, FL 3		- I Addition
TITLE	S CHANGE CHANGE CANGE	☐ DELETE	3.1 TITLE	S	The grant Dri Cir	Change	☐ Addition
NAME	GIANI DEL CIAMPO, DANIELA		3.2 NAME	DF	ANIELA GIANI DEL CIA	#: F	}
STREET ADDRESS	5320 NW 55 BLVD, STE 206		3.3 STREET ADDRESS	48	30 MARINERS WAY	3063	{
CITY-ST-ZIP	COCONUT CREEK FL 33073	☐ DELETE	3.4. CITY-ST-ZIP	Luc	CONUT CREEK, FL 3.	☐ Change	Addition
TITLE NAME		ے کلیداد	4.2 NAME	1		590	
l i			4.2 NAME 4.3 STREET ADDRESS]
STREET ADDRESS			4.4 CITY-ST-ZIP)			ĺ
TITLE		☐ DELETE	5.1 TITLE	 		☐ Change	Addition
NAME		_	5.2 NAME	}			}
STREET ADDRESS			5.3 STREET ADDRESS	ļ			ļ
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				1
CITY-ST-ZIP			6.4 CIYY-ST-ZIP	}			
	ertify that the information supplied with	this filing does not qualify for th	ne exemption stated	in Se	ction 119.07(3)(i), Florida Statutes. I furthe	er certify that the	information

Indicated on this annual report or supplied with an siming does not quality 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 truetee 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 VOED OF FINNTED NAME OF SIGNING OFFICER OR DIRECTOR