

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

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

04-13-1999 90100 018 \*\*\*150.00

DOCUMENT # P98000022970

1. Corporation Name

AC HOME/OFFICE SERVICES, CORP.

Principal Place of Business

Mailing Address

15207 SW 46 LN # F  
MIAMI, FL. 33185

15207 SW 46 LN # F  
MIAMI, FL. 33185

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/98

2. Principal Place of Business

21 646 NW 114 AVE.

2a. Mailing Address

26 646 NW 114 AVE.

Suite, Apt. #, etc.

22 204

Suite, Apt. #, etc.

27 204

City & State

23 MIAMI, FL. 33172

City & State

28 MIAMI, FL. 33172

Zip

Country

24

Zip

Country

29

30

4. FEI Number

65-0819002

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARIA C. FERNANDEZ  
15207 SW 46 LN # F  
MIAMI, FL. 33185

81 Name

MARIA C. SARMIENTO

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

646 NW 114 AVE.

83

APT. #204

84

City  
MIAMI

FL

85 Zip Code  
33172

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

*Maria C. Sarmiento*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME ALEJANDRO SANTURIO  
STREET ADDRESS 15207 SW 46 LN # F  
CITY-ST-ZIP MIAMI, FL 33185

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4732 SW 143RD AVE.  
MIAMI, FL. 33175

☒ Change ☐ Addition

(Address)

TITLE VP ☐ DELETE

NAME MARIA C. FERNANDEZ  
STREET ADDRESS 15207 SW 46 LN # F  
CITY-ST-ZIP MIAMI, FL 33185

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

MARIA C. SARMIENTO  
646 NW 114 AVE. # 204  
MIAMI, FL. 33172

☒ Change ☐ Addition

(Last Name  
& Address)

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Maria C. Sarmiento*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

(305) 829-8256

Daytime Phone #

CR2E034 (1/98)