	 *================================		
FILE NOW: FILING FEE AFTER MAY 1ST IS	\$550.00		
	almah.		
ANNUAL REPORT Secretary	•		
1999 DIVISION OF CO	PORATIONS] FILED	
DOCUMENT # P98000049123		99 OCT 11 PM 3: 52	
Corporation Name	الما		
Aces Up, Inc. (Amend	Roper	DECINETARY OF STATE	
Hmuin	KODY!	TALLAHASSEE, FLORIDA	
Malling Address	1171	-	
Principal Place of Business Mailing Address			
1523 Washington Ave.		55 1157 111575 111 71115	00405
Miami, Beach, Fl. 33139		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
The state of the s	0. 1	5-29-48	
Principal Place of Business 2a. Mailing Address		4. FEI Number	Applied For
Same as about 26		65-0841421	Not Applicable
Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional • Fee Required
22 27 27 City & State City & State		6 Flection Compaign Financing	\$5.00 May Be
28		Trust Fund Contribution	Added to Fees
Zip Country Zip	Country .	8. This corporation owes the current year Inte	_
24 25 29 3 9. Name and Address of Current Registered Agent	0	Personal Property Tex. 10. Name and Address of New Registered A	
Missiam Gershon	81 Name	0 14	
111381471 40131101	82 Street Addre	ess (P.O. Box Number is No Acceptable)	
1523 Washington Are.	152:	3 Washington HU	•
Miami Beach, F1. 33139	83	<u> </u>	
Milami lotago, i i soron	84 City	ani Beach FL	85 7 Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or bolit, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. 	the above-named corpo	oration submits this statement for the purpose of	changing its registered
office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and a cept the obligations of, Section 607.0505, Florida.	nonzed by the corporation la Statutes.	in a board of directors. I hereby accept the appoin	unent as registered
	egistered Agent signature required		_
SIGNATURE Signature, typod or priviled name of registered agent and title if applicable (NOTE: R	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition Change Addition
TITLE PS Missiam Gershon KPELETE		idon Barak	Change Addition
MANE STREET ANDRESS 1523 WashingtonAw.	12 NAME	523 Washington Au	v 8
SINCLINGUICAS		niami Beach, Fl.	38139
civ-st-24 miami Iseach; Fl. 33139	1.4 CITY-ST-ZIP 2.1 TITLE	THE TOTAL OF STREET	Change Addition
y wantak	2.2 NAME		
STREET ADDRESS 400 N St. 414	2.3 STREET ADDRESS		
CITY-ST-21P Miami Deach, F1.30109	2.4 CITY-ST-ZIP		Change D'Addition
THE DEEC TE	3.1 TITLE	1,00003021	Change Addition
NAME STREET ADDRESS	3.2 NAME 3.3 STREET ADDRESS	-10/22/99	n1008006
CHY-SI-ZIP	3.4. CITY-ST-ZIP	*****B1.25	★米米米61、25
THE DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	4. 2 NAME		
STREE FADDRESS	4.3 STREET ADDRESS		İ
COY-SI-7IP DELETE	4.4 City-St-ZiP 5.1 Title		Change Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CHY 51 7/0	5.4 CITY-ST-ZIP		

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

Su 22

23

24

CHY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TILE

NAME

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 of 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305-534-8899.

☐ Change

Addition