

W04000024074


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL -9 AM 8:00

DOCUMENT # P 98000060992

1. Entity Name
ACL INTERNATIONAL, INC



REINSTATEMENT 00-04
MRS

Principal Place of Business Mailing Address

**3405 NW 53 ST.
SUITE C 100
MIAMI - FL 33166**

2. Principal Place of Business 3. Mailing Address

4805 NW 79 AVE Suite, Apt. #, etc. **SUITE #9**

05/30/00 90042 0207150
 CHECK HERE IF MAKING CHANGES

City & State City & State

MIAMI FLORIDA

Zip Country Zip Country

33166 FLA UTA

4. FEI Number **650901503** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAST, LOUIS F
4805 NW 79 AVENUE
SUITE #9
MIAMI - FLORIDA 33166

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Louis F. Cast **LOUIS F. CAST** 6-19-04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUAN C. FORHOSO 4805 NW 79 AVENUE MIAMI-FLORIDA 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900038138309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/21/04--01077--012 **1050.00 <input type="checkbox"/> Addition 900038138309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	07/03/04--01009--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other filers empowered.

SIGNATURE: Juan C. Forhoso **JUAN C FORHOSO** 6/19/04 (300) 593-5151
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR