**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000070451

AAA GROUP, CORPORATION

Principal Place of	f Busin	ess
1400 W. 27 ST.		
MIAMI REACH FL	33140	

Mailing Address

1400 W. 27 ST. MIAMI BEACH FL 33140

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90164 008 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 08/10/1998

					00/10/1000		
	ace of Business	2a. Mailing Address	1 < -		4. FEI Number V x 65-0854 76	a Ap	plied For
	AMI FLA. USA.	26 1400W Z	121.		1×62-0994 16	<del></del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	X.	Additional equired
City & State	a second for	City & State			6. Election Campaign Financing	7	Мау Ве
23 Mi	and BEACH. FLA.	28 MANN BEA			Trust Fund Contribution	Added	to Fees
zip 33	Country USA.	Zip 33140 3	Country	<u>`</u> a.	8. This corporation owes the current		⊠v∘
24 7 7			10 08	<del>71 ·</del>	Personal Property Tax.	Yes Yes	Strino
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Reg	Irgielan Adelit	
RICHTER, NORMA 1400 W. 27 ST.				(4) 17.			
			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	MIAMI BEACH FL 33140			83			
(411) 111	III DENOTT E GOTTO		00				
	•		84	City		FL 85 Zip	Code
44 5		2 and 507 4509 Elorida Statutos	the above	- named cornor	ration submits this statement for the pu		registered
office or t	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was aut	horized by	the corporation	's board of directors. I hereby accept t	he appointment as re	egistered
SIGNATURE						DATE	
	Signature, typed or printed name of registered agen	_ <del></del>	13.	nt signature required v	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
12.	<del></del>	D DIRECTORS DELETE	1.1 TITLE		<u> </u>	☐ Change	Addition
TITLE	PD NORMA		1.2 NAME	ł		_ •	_
NAME	RICHTER, NORMA 1400 W. 27 ST.		1.3 STREET	T ADD DESS			
STREET ADDRESS			1.4 CITY-S				
CITY-ST-ZIP	MIAMI BEACH FL 33140	DELETE	2.1 TITLE	1-211-	····	☐ Change	Addition
TITLÉ NAME		_, , , , , ,	2.2 NAME	İ			
			2.3 STREET	T ADDRESS			
STREET ADDRESS	•		2.4 CITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY-S				_
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME	St. Agentical Control		6.2 NAME				
STREET ADDRESS	선 첫 - 12 분호		6.3 STREE	T ADDRESS			
CITY-ST-ZIP	ALC CONTON		6.4 CITY-S	T-ZIP			

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

SIGNATURE:

4-30-99

CR2E034 (11/98)