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 May 04, 1999 8:00 am Secretary of State

05-04-1999 90173 026 ***150.00

DOCUMENT #	P98000083809

1. Corporation Name

ACMA ENTERPRISES, INC.

Principal Place	of Business	Mailing Address					4111 WOIDI 181		
4141 BAYSHORE BLVD. #904 4141 BAYSHORE BLVD. #904 TAMPA FL 33611 TAMPA FL 33611)4			DO NOT WRITE	P PIHT M	PACE		
	·			-		3. Date Incorporated or Qualifed		= 	
						09/29/1998			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		At Ap	plied For
21		26						No	ot Applicable
		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
27		27				5. Certificate of States Besides		Fee Re	quired
City & State	9	City & State				6. Election Campaign Financing		\$5.00	,
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Countr	y		8. This corporation owes the current			
24	25		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent	8	I Nam		10. Name and Address of New Reg	stered A	gent	
RHE	CO, GISELA		١٠	I Nair	ie				_
	BAYSHORE BLVD. #904		8:	2 Stre	et Addre	ss (P.O. Box Number is Not Acceptable)		
	PA FL 33611		-						
I POINT	FA FE 33011		8:	'					
			8	City				85 Zip (Code
				<u> </u>		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>FL</u>	Lancina ita	raniatarad
11. Pursuant	to the provisions of Sections 607.0502	≀ and 607.1508, Florida Statute of Florida, Such change was au	s, the abou	/e-nami / the co	ed corpo	ration submits this statement for the pur a's board of directors. I hereby accept the	pose or cr ie appoint	nanging its ment as re	gistered
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statute	s.	.,	,			
SIGNATURE						The second secon	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	nt signatu	re required	when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTO	PRS IN 12
TITLE *	D.	DELETE	1,1 TITLE		-[Change	Addition
NAME .	CÉSAR BUSCO, ANTONIO		1.2 NAME						
STREET ADDRESS	4141 BAYSHORE BLVD. #904			TADORE	<u> </u>				
1	TAMPA FL 33611				~				
CITY-ST-ZIP	D	☐ DELETE	1.4 CITY- 2.1 TITLE	31-ZIF				Change	Addition
}	LIA BAYON DE BUSCO , CELIN	-	2.2 NAME					_ •	_
NAME	4141 BAYSHORE BLVD. #904	IV.		ET ADDRE	.				
STREET ADDRESS					₂₂				
CITY-ST-ZIP	TAMPA FL 33611	□ DELETE	2. 4 CITY- 3.1 TITLE	SI-ZIP				Change	Addition
TITLE	D CELINA CICELA		3.2 NAME					_ ,	
NAME	BUSCO, CELINA GISELA 4141 BAYSHORE BLVD. #904				ee				
STREET ADDRESS			1	ET ADDRE	³³				
CITY-\$T-ZIP	TAMPA FL 33611	☐ DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP				Change	Addition
NAME	LIA BUSCO BAYON, MARIA	- Duch 14	4.2 NAM	:			'		_
	4141 BAYSHORE BLVD. #904			ET ADDRE					
STREET ADDRESS	TAMPA FL 33611		4.4 CITY-		~				
CITY-ST-ZIP	IAMIA I COOTI	☐ DELETE	5.1 TITLE		+			Change	Addition
1	•		5.2 NAME					•	_
NAME CTREET ADDRESS				ET ADDRE	ss				
STREET ADDRESS			5.4 CITY-						
CITY-ST-ZIP	1	☐ DELETE	6.1 TITLE					Change	Addition
TITLÉ		1/2 1/4	6.2 NAME					•	_
NAME	•		J	T ADDRE	ss				į

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

STREET ADDRESS

1) rector

≣-::