PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000092074
	1 30000032017

1. Corporation Name

ACEN CORPORATION

						_				
Principal Place	of Business	Mailing Address				"				
1499 W 82 ST 1499 W 82 ST										
HIALEAH FL 33014 HIALEAH FL 33014							DO NOT WA	RITE IN TH S	SPACE	
						2 Date In	r corporated or Qualife		SFACE	
							9/1 998	·u		
2, Principa Pl	ace of Business	2a. Mailing Address				4. FEI Nu				Applied For
21		26				65	-087168	3		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc.					ate of Status Desired		•	5 Additional
22		27				S. Certific	THE OF STATUS DESIFECT		Fee	Recuired
City & State	e	City & State				6. Electio	on Campaign Financin	g 🗆		00 May Be
23		28					Fund Contribution			ed to Fees
Zip	Cour₁try	Zip	Country			J	orporation owes the c	urrent year⊸nt		~ !
24	25	 1-1 	30				r al Property Tax.		Yes	No
	9. Name and Address of Curi	rent Registered Agent	81	l Ni-	me	10. Name	and Address of Nev	v Registeri a	Agent	
AI OI	NSO, RAMON		01	Na	ine					
	W 82 ST		82	Str	eet Add	ress (P.O. Bo)	Number is Not Acce	ptable)		
	EAH FL 33014					· 				
,,,,,,	EATTE SOUT		83	ĺ						
	•		84	Cit	У			FL	85 2	ip Code
44 Diversion	the arradaines of Sections 607 (050:2 and 607.1508, Florida Statute	e the above		ned corr	noration submi	its this statement for the	ne nurnose of	changing	its registered
l office-∋rre	egistered agent, or by th, in the Sta	ite of Florida. Such change was au	ithorized by	the o	corpor ati	ion's board of	directors. I hereby acc	cept the appoi	ntment a	s registered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, Flori	ida Statutes							
SIGNATURE	Signature, typed or printed name of registered	ergen; and title if annicable (NO F	Registered Agen	nt sinna	ture require	ed when reinstating		DATE		
12.		AND DIRECTORS	13.	K Olgrid			ONS/CHANGES TO C	OFFICERS AN	ID DIREC	CTO RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				· · · · · · · · · · · · · · · · · · ·		Char	
NAME	ALONSO, RAMON		1.2 NAME							
STREET ADDR ESS	1499 W 82 ST		1.3 STREET	T ADDF	RESS					
CITY-ST-ZIP	HIALEAH FL 33014		1.4 CITY- \$1	T-ZIP	ĺ					
TITLE		DELETE	2.1 TITLE						Char	ge Addition
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREET	T ADDF	RESS					
CITY-ST-ZIP	, ,		2. 4 CITY-S	ST-ZIP						
TITLE	<u> </u>	☐ DELETE	3.1 TITLE		\dashv				☐ Chan	ge Addition
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET	T ADDF	RESS					
CITY-ST-ZIP			3.4, CITY- S							
TITLE		☐ DELETE	4.1 TITLE			 -			Char	ge Addition
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET	T ADDF	RESS					
CITY-ST-ZIP			44 CITY-S							
TITLE		DELETE	51 TITLE		\dashv	·			☐ Char	nge Addition
NAME			5.2 NAME							
STREET ADDFESS			5.3 STREET	T ADDF	RESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE		DELETE	61 TITLE						☐ Char	nge 🔲 Addition
NAME			6.2 NAME							
STREET ADDF ESS			6.3 STREET	1 ADDF	RESS					
CITY-ST-ZIP			6.4 CITY-S	T-ZIP						

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.C7(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 office 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 open attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

8758327