

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 07, 1999 8:00 am
Secretary of State

05-07-1999 90027 019 ***158.75

DOCUMENT # P98000097968

1. Corporation Name

A & C A WORLD OF SERVICES, INC.

Principal Place of Business

338 BUCHANAN ST #1
HOLLYWOOD FL 33019

Mailing Address

338 BUCHANAN ST #1
HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1998

2. Principal Place of Business

21 31 SE 2nd Ave #201

2a. Mailing Address

26 31 SE 2nd Ave #201

4. FEI Number

65-0877852

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

City & State

23 Hallandale, FL

City & State

28 Hallandale, FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33009

Country

Zip

29 33009

Country

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

X ☐ No

9. Name and Address of Current Registered Agent

OGORINSKY, CARLOS
338 BUCHANAN ST #1
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name

Arturo E Barrionuevo

82 Street Address (P.O. Box Number is Not Acceptable)

83

31 SE 2nd Ave #201

84 City

Hallandale

FL

85 Zip Code

33009

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

OGORINSKY, CARLOS
338 BUCHANAN ST #1
HOLLYWOOD FL 33019

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

BARR
IONUEVO, ARTURO E
338 BUCHANAN ST #1
HOLLYWOOD FL 33019

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DORIS VERA

31 SE 2nd Ave #201

Hallandale, FL 33009

☐ Change

X ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

ARTURO E BARRIONUEVO

13500 NE 5th Ave #303

N. MIAMI, FL 33161

X ☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99

CR2E034 (11/98)

0136563