

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 10:11

DOCUMENT # S80036

(4)

1. Corporation Name

A & C CAPITAL CO.

Principal Place of Business

1313 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES FL 33134-3343

Mailing Address

1313 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES FL 33134-3343

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/13/1991

3a. Date of Last Report

03/03/1994

4. FEI Number

65-0313781

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 1313 PONCE DE LEON BLVD

2a. Mailing Address

27 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 301

27 Suite, Apt. #, etc.

28 City & State

23 CORAL GABLES FLA

28 City & State

24 Zip

25 33134

Country

25 USA

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SANCHEZ-GALARRAGA, JORGE
1313 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES FL 33134-3343

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, as 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]

PRESIDENT

2/14/95

(Signature, typed or printed name of registered agent and title applicable)

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME FERRERA, ANDREW S.
STREET ADDRESS 1313 PONCE DE LEON BLVD
CITY - ST - ZIP CORAL GABLES FL

TITLE D
NAME FERRERA, CARMEN
STREET ADDRESS 1313 PONCE DE LEON BLVD
CITY - ST - ZIP CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 of this document, or on an attachment with an address.

SIGNATURE:

[Signature]

PRESIDENT

2/14/95

592-7212

(Signature and typed or printed name of signing officer or director)

Date

(Typed Name)