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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S95153 1. Corporation Name AAC INVESTMENT GROUP, INC.					
Principal Place of Business 3741 SUNNY ISLES BLVD SUITE 233 SUNNY ISLES FL 33160 US			Mailing Address 3741 SUNNY ISLES BLVD SUITE 233 SUNNY ISLES FL 33160 US		
2. Principal Place of Business 21 520 NW 165 St. Rd. Suite, Apt. #, etc. 22 202 City & State 23 N. Miami FL Zip 24 33169 Country 25 USA		2a. Mailing Address 26 520 NW 165 St. Rd. Suite, Apt. #, etc. 27 202 City & State 28 N. Miami FL Zip 29 33169 Country 30 USA		3. Date Incorporated or Qualified 11/18/1991 4. FEI Number 65-0296397 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Name and Address of Current Registered Agent BLAIR, YVETTE 3741 SUNNY ISLES BLVD SUITE 204 SUNNY ISLES FL 33160			10. Name and Address of New Registered Agent 81 Name Yvette Blair 82 Street Address (P.O. Box Number is Not Acceptable) 520 NW 165 Street Rd. 83 Suite 84 City N. Miami FL 85 Zip Code 33169		
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 <i>Yvette Blair</i> (NOTE: Registered Agent signature required when reinstating) DATE 6-30-99					
12. OFFICERS AND DIRECTORS TITLE DVS <input type="checkbox"/> DELETE NAME BLAIR, YVETTE STREET ADDRESS 3741 SUNNY ISLES BLVD., STE 233 CITY-ST-ZIP SUNNY ISLES FL TITLE PDT <input type="checkbox"/> DELETE NAME BLAIR, YVETTE STREET ADDRESS 3741 SUNNY ISLES BLVD., STE 233 CITY-ST-ZIP SUNNY ISLES FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-99

(305)

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