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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # V06505



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90090 030 ***150.00

ACH PRO	ODUCTIONS, INC.			,			
Principal Place	of Business	Mailing Address					
8545 SW 133 C MIAMI FL 33183		8545 SW 133 COURT MIAMI FL 33183					
US	•	US			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
>				!	01/15/1992		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0320506	No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			5. Certificate of Status Desired	Fee Re	equired
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees
Zip	Country		Country		8. This corporation owes the current year Int		
			30		Personal Property Tax.	Yes	XNo 1
24	9, Name and Address of Curren	29	1901		10. Name and Address of New Registered		
····	g. Name and Address of Curren	it Kagistelau Agent	81 Nam	e	10.	<u> </u>	
CHIC	OY, ALFONSO J	•					
8545 SW 133RD CT			82 Stre	et Addres	ss (P.O. Box Number is Not Acceptable)		İ
#203			83				
	/II FL 33183		00 .				
THE STATE OF THE S	W 1 E 30 100		84 City		E1	85 Zip	Code
omce or r	egistered agent, or both, in the State	of Florida. Such change was a	iutnorizea by the co	rporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoi	ntment as re	egistered
agent. I a	m familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flo	iutnorizea by the co	rporation	is poard of directors. Thereby accept the appoin	ntment as re	egistered
agent. I a	rn familiar with, and accept the obligation of t	of Florida. Such change was a tions of, Section 607.0505, Flo	utnorized by the co rida Statutes.	rporation	is poard of directors. Thereby accept the appoin	ND DIRECTO	DRS IN 12
agent.la	rn familiar with, and accept the obligation of t	of Florida. Such change was a ktions of, Section 607.0505, Flo nt and title if applicable. (NOTE	Uthorized by the co rida Statutes.	rporation	when reinstating) DATE	nument as re	
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14. 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 supplied ental 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 of an attachment with an application, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP 1818

STREET ADDRESS

NAME

☐ DELETE

☐ Change

Addition