FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000064668 (3)**

1. Corporation Name

ATLANTIC INSTALLATION CORPORATION

Principal Place of Business	Mailing Address
4613 LE JEUNE ROAD CORAL GABLES FL 33146	4613 LE JEUNE ROAD CORAL GABLES FL 33146

3. Date Incorporated or Qualified: **08/18/1995**

3a. Date of Last Report:

4. FEI Number: **65-0604197** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [X] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GARCIA, ALFONSO
14637 SW 51ST STREET
MIAMI FL 33175

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 Section 607.0502 and 607.1501, Florida Statutes, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Subordinate 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 _____ Date _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	GARCIA, HEDY		1 NAME	
STREET ADDRESS	14637 SW 51ST STREET		1 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175		1 CITY-ST-ZIP	
TITLE	VD	[ ] DELETE	2 TITLE	[ ] Change [ ] Addition
NAME	CASAUBON, ROBERTO		2 NAME	
STREET ADDRESS	6930 RUE VERSAILLES APT 10		2 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141		2 CITY-ST-ZIP	
TITLE	SD	[ ] DELETE	3 TITLE	[ ] Change [ ] Addition
NAME	GARCIA, ALFONSO		3 NAME	
STREET ADDRESS	14637 SW 51ST STREET		3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175		3 CITY-ST-ZIP	
TITLE	TD	[ ] DELETE	4 TITLE	[ ] Change [ ] Addition
NAME	BARAHONA, NORLAN		4 NAME	
STREET ADDRESS	712 NW 111 PLACE		4 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5 TITLE	[ ] Change [ ] Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		[ ] DELETE	6 TITLE	[ ] Change [ ] Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and does not qualify for the exemptions set forth in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 attached sheet with an address.

SIGNATURE: Hedy de Garcia **Hedy Garcia** April 10/96 (305) 443-5540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

CR2E034 (12/95)