

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

APPROVED  
AND  
FILED

10/2

98 DEC 10 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000070433  
1. Corporation Name

**ATEMPORA COLLECTION, INC.**

Principal Place of Business Mailing Address  
18151 NE 31 Ct No Miami Beach, FL 33160 231 Altara Ave Coral Gables, FL 33146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0618061		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 Zip		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBO CABABIE  
18151 NE 31st Ct.  
North Miami Beach, FL 33160

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when installing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABABIE, JACOBO	1.2 NAME	
STREET ADDRESS	18151 NE 31 Ct	1.3 STREET ADDRESS	000002712540
CITY-STATE-ZIP	NMB, FL 33160	1.4 CITY-STATE-ZIP	-12/15/98-01033-01
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	***150.00 <input type="checkbox"/> Change *** <input type="checkbox"/> Addition
NAME	CABABIE, JENNIFER	2.2 NAME	
STREET ADDRESS	18151 NE 31 Ct	2.3 STREET ADDRESS	
CITY-STATE-ZIP	NMB, FL 33160	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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.

SIGNATURE: \_\_\_\_\_ DATE: 11/19/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JACOBO CABABIE, Pres 305 947-9111 Daytime Phone #

02E034 (10/97)

12/14

2012

November 19, 1998

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: *Atempora Collection, Inc.***  
***Document # P9500070433***  
***1998 Profit Corporation Annual Report***

Gentlemen:

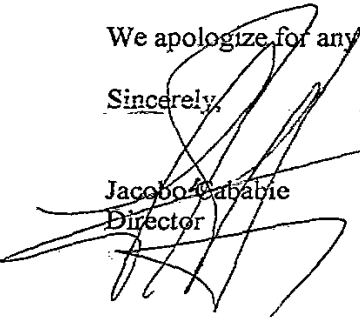
Enclosed find our 1998 Annual Report and our \$150.00 check for the filing fee.

Please be advised that due to our change of address, we never received the 1998 Annual Report in the mail. On this date, our accountant notified us that the report had not been filed and needed to be filed immediately.

Our new mailing address is **231 Altara Avenue, Coral Gables, Florida 33146.**

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,

  
Jacobo Cababie  
Director