

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

FILED

**May 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000106823 (2)
1. Corporation Name
ATF HOLDINGS, INC.



Principal Place of Business 101 MADEIRA AVE CORAL GABLES FL 33134	Mailing Address 101 MADEIRA AVE CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

21 9390 NW 109th Street Suite, Apt. #, etc.	26 9390 NW109th Street Suite, Apt. #, etc.
22 Medley, FL	27 Medley, FL
24 33178	29 33178

3. Date Incorporated or Qualified 12/19/1997	
4. FEI Number 65-0802002	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, PA
101 MADEIRA AVE
CORAL GABLES FL 33134

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, 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EDUARDO CUSCO	
STREET ADDRESS	8200 SW 84th Terr	
CITY-ST-ZIP	Miami, Florida, 33143-6969	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cusco, Eduardo	
1.3 STREET ADDRESS	9390 NW 109th Street	
1.4 CITY-ST-ZIP	Medley, FL 33178-1225	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cusco, Enrique	
2.3 STREET ADDRESS	9390 NW 109th Street	
2.4 CITY-ST-ZIP	Medley, FL 33178-1225	
3.1 TITLE	VPSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sotolongo, Raul	
3.3 STREET ADDRESS	9390 NW 109th Street	
3.4 CITY-ST-ZIP	Medley, FL 33178-1225	
4.1 TITLE	VPP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Smith, Raul	
4.3 STREET ADDRESS	9390 NW 109th Street	
4.4 CITY-ST-ZIP	Medley, FL 33178-1225	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hermida, Carlos	
5.3 STREET ADDRESS	9390 NW 109th Street	
5.4 CITY-ST-ZIP	Medley, FL 33178-1225	
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.

SIGNATURE _____ DATE **4/17/98**

CR2E034 (10/97)