

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

FILED
Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90021 051 ***550.00
 06-16-1999 90021 052 *****8.75

0657219

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000106823

1. Corporation Name
ATF HOLDINGS, INC.

Principal Place of Business 9390 NW 109TH STREET MEDLEY FL 33178 US	Mailing Address 9390 NW 109TH STREET MEDLEY FL 33178 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/19/1997	Applied For Not Applicable
4. FEI Number 65-0802002	
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 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	D	<input type="checkbox"/> DELETE
NAME	CUSCO, ENRIQUE	
STREET ADDRESS	9390 NW 109TH STREET	
CITY-ST-ZIP	MEDLEY FL 33178-1225	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	SOTOLONGO, RAUL	
STREET ADDRESS	9390 NW 109TH STREET	
CITY-ST-ZIP	MEDLEY FL 33178-1225	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SMITH, RAUL	
STREET ADDRESS	9390 NW 109TH STREET	
CITY-ST-ZIP	MEDLEY FL 33178-1225	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERMIDA, CARLOS	
STREET ADDRESS	9390 NW 109TH STREET	
CITY-ST-ZIP	MEDLEY FL 33178-1225	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CUSCO, EDUARDO	
STREET ADDRESS	9390 NW 109TH STREET	
CITY-ST-ZIP	MEDLEY FL 33178-1225	
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: **VPD** **RAUL SMITH** *[Signature]* **MAY-19-99** **305-885-6464**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)