

**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 <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**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
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/19/1997**

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

4. FEI Number <b>65-0802002</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUSCO, ENRIQUE</b>	1.2 NAME	
STREET ADDRESS	<b>9390 NW 109TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEDLEY FL 33178-1225</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOTOLONGO, RAUL</b>	2.2 NAME	
STREET ADDRESS	<b>9390 NW 109TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEDLEY FL 33178-1225</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, RAUL</b>	3.2 NAME	
STREET ADDRESS	<b>9390 NW 109TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEDLEY FL 33178-1225</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERMIDA, CARLOS</b>	4.2 NAME	
STREET ADDRESS	<b>9390 NW 109TH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEDLEY FL 33178-1225</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUSCO, EDUARDO</b>	5.2 NAME	
STREET ADDRESS	<b>9390 NW 109TH STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEDLEY FL 33178-1225</b>	5.4 CITY-ST-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-ST-ZIP		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 (1/98)