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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067070

A & M ATLANTIS, INC.

Principal Place of Business
1808 BIARRITZ DRIVE
MIAMI BEACH FL 33141

2. Principal Place of Business

Mailing Address

2a. Mailing Address

1808 BIARRITZ DRIVE MIAMI BEACH FL 33141

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90181 014 ***150.00



Applied For

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/30/1995

4. FEI Number

		26		65-0604088	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A		
22		27		or boralous of States Board	Fee Rec	uired	
City & State	e	City & State		6. Election Campaign Financing	ا \$5.00 ا		
23		28		Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country	8. This corporation owes the current		□No	
24	25		30	Personal Property Tax. 10. Name and Address of New Regi			
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Regi	Stered Agent		
DDEI	USS, ADRIAN E		OT HAINE				
1808 BIARRITZ DRIVE			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)			
	AI BEACH FL 33141		83	······································			
MAN	MI BEACHTE 33141		83		•		
			84 City		FL 85 Zip C		
office or re agent. I a	to the provisions of Sections 607.050: egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was a	uthorized by the corporation	poration submits this statement for the pur on's board of directors. I hereby accept the	pose of changing its i e appointment as reg	registered istered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE	Registered Agent signature require	,	DATE		
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE			
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	PREUSS, ADRIAN E		1.2 NAME		•		
STREET ADDRESS	1808 BIARRITZ DRIVE		1.3 STREET ADDRESS				
	MIAMI BEACH FL 33141		1.4 CITY-ST-ZIP				
CITY-ST-ZIP	MIAWI DEACH IL 33141		1.4 0111-01-21				
	S S	☐ DELETE	2.1 TITLE		Change	Addition	
TITLE		☐ DELETE			☐ Change	Addition	
TITLE NAME	\$	☐ DELETE	2.1 TITLE		☐ Change	Addition	
TITLE NAME STREET ADDRESS	S ZAK, CINTHYA	- DELETE	2.1 TITLE 2.2 NAME	. maga sa ga sa mara sa	والمواجع المعاجب المراد		
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4. 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 received 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:

SNATURE AND EXPRENDED OF PRINTED NAME OF SIGNING OFFICER OF DIRECT

2/14/1999

(305)5932353