

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 321362 (6)

1. Corporation Name

ATLANTIC AUTOMOTIVE PAINTS INC



Principal Place of Business

7308 SW 45TH STREET
MIAMI FL 33155

Mailing Address

7308 SW 45TH STREET
MIAMI FL 33155

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

LEAL, GEORGE T
11211 SW 120TH ST
MIAMI FL

3. Date Incorporated or Qualified

09/27/1967

3a. Date of Last Report

04/03/1995

4. FEI Number

59-1172729

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

DE LA UZ, GONZALO

82. Street Address (P.O. Box Number is Not Acceptable)

2825 S.W. 105 AVE

83. City

MIAMI

FL

85. Zip Code

33165

11. Pursuant to the provisions of Sections 607.0707 and 607.1506, 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, Sections 607.06, Florida Statutes.

SIGNATURE

Signature of person authorized to file this statement with the Secretary of State

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DE LA UZ, GONZALO
STREET ADDRESS
2825 SW 105TH AVE
CITY-ST-ZIP
MIAMI FL

TITLE ☒ DELETE

NAME
LEAL, GEORGE T.
STREET ADDRESS
11211 S.W. 120TH ST.
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied in this filing is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this filing is not a duplicate of any information previously filed and as accurate and complete as possible. 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 registered agent or authorized person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 305-266-2336

CR2E034 (12/95)