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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 383281

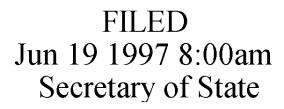
(3)

ATLAS COMMERCE CO.

•

Principal Place of Business

Mailing Address





201 ALHAMBRA CIRCLE CORAL GABLES FL 33134		201 ALHAMBRA CIRCLE CORAL GABLES FL 33134-5107							
						3. Date Incorporated or Qualified 06/03/1971	3a. Date of L 04/15/19		
 1	lace of Business	2a, Mailing Address				4. FEI Number		Applied For	
21		26				59-1362589		Not Applicable	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.	27			5. Certificate of Status Desired Fee Required			
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Zір 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent 81 Name				
RANKOW, TAMIR					Name				
201 ALHAMBRA CIRCLE SUITE 802 CORAL GABLES FL 33134				82	Street Add	iress (P.O. Box Number is Not Acceptable	le)		
001	AIR CAMPERO I E CO IOA		Ī	83					
			-	84	City		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									
	Signature, typed or printed name of registered a			1 Agen	n' signature requ	ired when reinstating)	DATE	27070 71140	
12.	PD OFFICERS A	ND DIRECTORS DELETE	13. 1.1 TH	16		ADDITIONS/CHANGES TO OFFIC	EHS AND DIREC		
NAME	RANKOW, TAMIR		1.2 NAME				الله ويها	ange L. J Addition	
STREET ADDRESS	363 LAKE CREST COURT		1.3 STREET ADDRESS		ADORESS				
CITY-ST-ZIP	CART LAURERRALE EL		1.4 GIT						
TITLE			2.1 717				[Ch	ange Addition	
NAME	MAREN MEAN		2.2 NA	ME					
STREET ADDRESS	9201 SW 125TH TERRACE		23811	2 3 STREET ADDRESS				-	
CITY-ST-ZIP	ARLAN CI		2. 4 CI	2. 4 CITY- ST- ZIP					
TITLE	☐ DELETE		3 1 717	3 1 TITLE			Ch.	ange 🔲 Addition	
NAME			3 2 NA	ME					
STREET ADDRESS			3.3 ST	REE1 A	ADDRESS				
CITY-ST-ZIP			3.4 CI		1-ZIP				
TITLE		☐ DELETE	4.1 10				∐ Ch	ange [_] Addition	
NAME			4. 2 N/						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		Ponere	4.4 C(1		- ZIP		104	ange Addition	
TITLE		☐ DELETE	5.1 1(1				∐ Ch	ange Addition	
NAME			5.2 NA		1DUDGOG				
STREET ADDRESS			1		ADDRESS			1	
CITY-ST-ZIP TITLE	<u></u>	☐ DELETE	6.4 CH		- ZIP		☐ Ch	ange	
NAME			6.1 TIFLE 6.2 NAME					ente Financiani	
			- 1		ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP	or partituthat the information gunol	lied with this filing does not and	6.4 CII			ed in Section 119 07(3)(i) Florida Statutos	. Hurther certify	(that the	

I do 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 trusteer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on in attacking the paraddress.