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NON - PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	DIVIS	Secretary of State SION OF CORPOR			
DOCUMENT # 4	58045 (2)			
ATLAS EXPORT CO., IN	IC.	•			
Principal Place of Business	Mailing Address	3			
357 SOUTH DR. MIAMI SPRINGS FL 33166	357 SOUTH D MIAMI SPRIN				
MINING OF THIS OF TE GOTOO	MILANI OLIMIN	35 12 05/00		Date Incorporated or Qualified	3a. Date of Last Report
				09/23/1974	04/12/1995
2. Principal Place of Business	2a. Mailing Add	ress	·	4. FEI Number	Applied For
21	26			59-1553347	Not Applicab
Surte, Apl. #, etc.	Suite, Apt. #	r, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		 -	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	y Zip	Cou	intry	8. This corporation has liability for i	
24 25	29	30		Florida Statutes Yes	
9, Name and Addre	ess of Current Registered Agent		81 Name	10. Name and Address of New R	egistered Agent
MARGUEIES, M. MARK			<u> </u>	these (D.O. Roy N. phar in Not Assentah	lo)
2020 N.E. 163RD STREET			82 Street Ac	idress (P.O. Box Number is Not Acceptab	ne)
N MIAMI BEACH FLORIDA FI	L 33162		83		
			84 City		85 Zip Code
		···			FL I
 Pursuant to the provisions of Section registered agent, or both, in the 	ions 607.0502 and 607.1508, Floric State of Florida, Such change was	la Statutes, the abo authorized by the c	ive named corp corporation's by	oration submits this statement for the pur pard of directors. I hereby accept the appo	pose of changing its registered offi pintment as registered agent. I am
familiar with, and accept the obliga	ations of Section 607.0505, Florida	Statutes.		appe	2/1/2/1
SIGNATURE					
Glar abone types for annied nach	of repesence and thand the if are lication	(NOTE Registered	Agent signature regu	ered when reinstaturo	DATE
dur at an hypotential rated name	of registeric agert and their application DEFICERS AND DIRECTORS	(NOTE Registered	Agont signature requ	ored when reinstating) ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 12
dur at an hypotential rated name		13.			ICERS AND DIRECTORS IN 12
12. THE PD ZAFRANI, ISAAC	OFFICERS AND DIRECTORS	13.	ITLE		
12. THE PD ZAFRANI, ISAAC APARTADO 8842	OF HICERS AND DIRECTIONS	.ETE 1.1TI	ITLE		
12. THE PD ZAFRANI, ISAAC APARTADO 8842 PANAMA 5, PANA	OF HICERS AND DIRECTORS DEL	13. LETE 1. 1 T I 1.2 N/ 1.3 S I 1.4 C I	ITLE AME TREET ADORESS TY-ST-ZIP		☐ Change ☐ Addition
12. THE PD ZAFRANI, ISAAC APARTADO 8842 PANAMA 5, PANAM	OF HICERS AND DIRECTORS DET DET DET DET DET DET	13. LETE 1.1 TI 1.2 N/ 1.3 SI 1.4 CI LETE 2.1 TI	ITLE AME IREET ADDRESS TY-ST-ZIP ITLE		
12. THE PD ZAFRANI, ISAAC APARTADO 8842 PANAMA 5, PANAMA 10 SVT ZAFRANI, ABRAH	OF FICERS AND DIRECTORS DET AMA DET	13. LETE 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/	ITLE AME REET ADDRESS TY-S1-ZIP ITLE		☐ Change ☐ Addition
12. 11.E PD 2AFRANI, ISAAC SPRETADORESS APARTADO 8842 CTY SLZP PANAMA 5, PANZ TILLE SVT NAME ZAFRANI, ABRAH SDRETADORESS APARTADO 8842	OF HICERS AND DIRECTORS DEI AMA DEI IAM	13. LETE 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 22 N/ 2.3 SI	ITLE AME IREET ADDRESS IY-SI-ZIP ITLE AME IREET ADDRESS		☐ Change ☐ Addition
12. THE PD ZAFRANI, ISAAC APARTADO 8842 PANAMA 5, PANAME STARRANI, ABRAH	OF HICERS AND DIRECTORS DEI AMA DEI IAM	13. LETE 1.1 TI 1.2 N/ 1.3 SI 1.4 CI ETE 2.1 TI 22 N/ 2.3 SI 2.4 CI	ITLE AME IREET ADDRESS IY-SI-ZIP ITLE AME IREET ADDRESS IY-SI-ZIP		☐ Change ☐ Addition
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12. THE PD ZAFRANI, ISAAC APARTADO 8842 PANAMA 5, PANATOLE SVT ZAFRANI, ABRAH APARTADO 8842 PANAMA 5, PANATOLE NAME SHELLADDRESS CITY-ST-ZE TILLE NAME	AMA DEI AMA DEI DEI DEI DEI DEI DEI DEI DE	13. LETE 1.1TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 CI LETE 3.1 TI 3.2 N/ 3.3 S 3.4 CI LETE 4.1 TI 4.2 N/	ITLE AME IREET ADDRESS IY-SI-ZIP ITLE AME AME AME AME AME	ADDITIONS/CHANGES TO OFFI	Change Addition Change Addition Change Addition Change Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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 discrete for this 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 his hanged, or on an attachment with an address.

SIGNATURE:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/94 305-887-6219