

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

APPROVED
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
Division of Corporations

55 MAY - 1 AM 10:01

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # 460042

(5)

ATLANTIS DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address																					
5001 N DIXIE HWY BOCA RATON FL 33487 US	P O BOX 290716 N/A FT LAUDERDALE FL 33329-716 US																					
2. Principal Place of Business		2a. Mailing Address																				
21	26	Suite, Apt. # 200																				
22		City & State																				
23		27	28																			
24	25	29	30																			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent																		
FERNANDEZ, RUBEN 4108 SW 22ND ST UNIT B FT LAUDERDALE FL 33317				61	Name			62	Street Address (If P.O. Box Number is Not Acceptable)			63				64	City			65	Zip Code	
61	Name																					
62	Street Address (If P.O. Box Number is Not Acceptable)																					
63																						
64	City			65	Zip Code																	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qundered	3a. Date of Last Report
08/22/1974	04/22/1994
4. TEL Number	Applied For Not Applicable
59-1550773	
5. Certificate of Status (Check)	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. The corporation has liability for intangible tax under S-199.032. Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

11. Pursuant to the provisions of Sections 627.05(2) and 627.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, if any, 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 627.1505, Florida Statutes.

SIGNATURE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
101	PD FERNANDEZ, RUBEN 4108 SW 22ND ST FT LAUDERDALE FL	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
102	SD FERNANDEZ, MERCEDES 4108 SW 22ND ST FT LAUDERDALE FL	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
103		1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
104		1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
105		1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
106		1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
107		1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
108		1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
109		1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
110		1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, verily that the information supplied with this filing is voluntarily furnished and done in good faith for the corporation named in Case No. 19107. After Florida Statutes, I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and under oath, I swear to the truth and accuracy of the corporation or the officer or trustee designated to execute this report as required by Chapter 627, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RUBEN FERNANDEZ

5/1/95 107 997 8819

100-00000000

copy of record

0241032 CP