FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **504912** **(7)**

1. Corporation Name
ATLANTIC GOOD SERVICES, INC.

Principal Place of Business
3272 NW 30TH STREET
MIAMI FL 33142
US

Mailing Address
8390 N.W. 53ND ST
SUITE 300
MIAMI FL 33166
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: 06/10/1976
3a. Date of Last Report: 04/13/1995
4. FEI Number: 59-1768687 [ ] 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 is authorized to file tangible tax under s. 190.032, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
AUSTIN, RICHARD B. ESQ
8390 NW 53RD STREET
SUITE 300
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section [illegible] Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name of the corporation is [illegible] The street address of its registered office and the name of its registered agent are as follows: [illegible] I am familiar with, and I accept the obligations of, Section [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PS [ ] DELETE
NAME	SANCHEZ, GUILLERMO J.
STREET ADDRESS	3272 NW 30TH STREET
CITY, ST, ZIP	MIAMI FL
TITLE	VP [ ] DELETE
NAME	SANCHEZ, GUILLERMO Jr.,
STREET ADDRESS	8390 WN53d St., #300
CITY, ST, ZIP	Miami, FL 33166
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I do hereby certify that the information supplied herein is true and correct and does not contain any false or misleading statements. I further certify that the information contained herein is supplemental to information on file with the Department of State 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 a person authorized by the corporation to file this report pursuant to Section 607.0122, Florida Statutes, and that my name appears in Block 12 or Block 13 hereinabove or an attachment with an title.

SIGNATURE: Guillermo Sanchez Guillermo J. Sanchez 4/1/96 (305) 592-0036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)