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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90024 050 ****150.00

DOCU	MENT # 579801						:
1	ATLANTIC TRADING CORP.				1		
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Principal Plac	ce of Business	Mailing Address			1 100101 61111 10010 10104 16111 00101 1165 91	Dii Bibli Dibli Dii	l Bibil Olyk IQBi
3667 PARK LA	NE	3667 PARK LANE					
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133					DO NOT WRITE IN TI	HIS SDACE	
		•			3. Date Incorporated or Qualifed	IIO OF AGE	· · · · · ·
{					07/21/1978		1
├ ──	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21	4 4	26			59-1840019		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional Required	
27		City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	•	to Fees
Zip Country Zip		·	Country		8. This corporation owes the current year Intangible		
24	25		30		Personal Property Tax.	Yes	□No
\ 	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Register	ed Agent	***
MAL	INA,JAY T.		Ĺ			·	
3667 PARK LANE		•	82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
CO0	CONUT GROVE FL 33133		83	3		n 48 . 3- 3-	130 383 35
			84	City		loe Zio	Cöde
(40 - 51 - 1				1 1	F).
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute	s, the abov	e-named co	rporation submits this statement for the purpose	of changing if	s registered
			inorizea by	/ the comora	won's board of directors. I neteby accept the ab		
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statute:	the corpora s.	mon's board or directors. I hereby accept the ap	houraneur as i	egistered
agent. I a	rn familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statute	5.	, , ,	,	
agent. i a	im familiar with, and accept the obligation	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1	ida Statute	5.	ired when reinstaling) DATE	· 	
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1	ida Statute	5.	, , ,	· 	ORS IN 12
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14. I 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 of 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 if changed, over an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TOVED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99

305-592-55-41

Daytime Phone #