SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1996.
AMOUNT DUE ON OR BEFORE 6/0/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 23 AM 9:00

DOCUMENT # **640965** **(0)**

1. Corporation Name
ATLANTIS CARIBE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8300 HAWTHORNE AVENUE MIAMI BEACH FL 33141	8300 HAWTHORNE AVENUE MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1979
3a. Date of Last Report: 06/10/1994

2. Principal Place of Business
21: 12000 Biscayne Blvd
22 Suite, Apt. #, etc.: # 2-18
23 City & State: Miami, FL
24 Zip: 33181
25 Country: DADE

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

4. FEI Number: 59-2043835 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOMINGUEZ, JORGE J
8300 HAWTHORNE AVENUE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name: ELSA B. DOMINGUEZ
82 Street Address (P.O. Box Number is Not Acceptable): 8300 Hawthorne Ave
83:
84 City: Miami Beach FL 85 Zip Code: 33141

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: X ELSA B. DOMINGUEZ — Elsa B Dominguez — 06/20/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☐ Change ☐ Addition
NAME	DOMINGUEZ, JORGE J	12 NAME	JOHNSON, GONZALO	
STREET ADDRESS	8300 HAWTHORNE AVENUE	13 STREET ADDRESS	8300 HAWTHORNE AVE	
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	ST	21 TITLE	ST	☐ Change ☐ Addition
NAME	BENJAMIN,ELSA	22 NAME	DOMINGUEZ, ELSA B.	
STREET ADDRESS	8300 HAWTHORNE AVENUE	23 STREET ADDRESS	8300 HAWTHORNE AVE	
CITY-ST-ZIP	MIAMI BEACH FL	24 CITY-ST-ZIP	M. BEACH, FL 33141	
TITLE	EVP	31 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, GONZALO	32 NAME		
STREET ADDRESS	1108 HARVARD RD	33 STREET ADDRESS		
CITY-ST-ZIP	WALDORF MA	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, LUIS	42 NAME		
STREET ADDRESS	254 AVE. MONTALBO	43 STREET ADDRESS		
CITY-ST-ZIP	SAN CLEMENTE CA	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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 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, or on an attachment with an address.

SIGNATURE: [signature] — 06/26/95 — 891-31-83
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gonzalo Johnson

0048147 CP