

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **F15222** (5)
1. Corporation Name
ATEX INTERAMERICA, INC.

Principal Place of Business 1735 N.W. 79TH AVENUE MIAMI FL 33126	Mailing Address 1735 N.W. 79TH AVENUE MIAMI FL 33126
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/09/1981	
				4. FEI Number 59-2115296	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DOBIN, DAVID M. 4555 ADAMS AVENUE MIAMI BEACH FL 33140				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 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

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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	S			1.1 TITLE			
NAME	DOBIN, DAVID M.			1.2 NAME			
STREET ADDRESS	4555 ADAMS AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			1.4 CITY-ST-ZIP			
TITLE	T			2.1 TITLE	TREASURER	<input checked="" type="checkbox"/>	
NAME	PERALTA, JOSE MARIA			2.2 NAME			
STREET ADDRESS	1735 N.W. 79TH AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	AS			3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME	PERALTA, JOSE M.			3.2 NAME			
STREET ADDRESS	1735 N.W. 79TH AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	P			4.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/>	
NAME	DAGLIO, JR R E			4.2 NAME			
STREET ADDRESS	1735 N.W. 79TH AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	CD			5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME	DAGLIO, ROBERTO E			5.2 NAME			
STREET ADDRESS	1735 NW 79TH AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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: **Roberto E. Daglio Jr** 3-5-98 (305) 594-3816

CP2E034 (10/97)