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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED 00 JUN 19 PM 4: 00

SECRETARY OF STATE TALLAMASSEE, FLORIDA

1996 2000 DOCUMENT # G59278

1408 ATLANTIS CORP.

Principal Place of Business 2601 So. Bayshore Dr.

Mailing Address

Same

Suite 1400, Terremark Center

DO	NOT	WRITE	ıN	THIS	SPACE
\sim	1101	****	11.4	11110	31 AOL

Miam	i Fl 33133	DO NOT WRITE IN THIS SPACE						
Miami, Fl 33133					3. Date Incorporated or Qualified 9/9/83		- · · · ·	
2. Principal I	Place of Business So. Bayshore Dr.	2a. Mailing Address				4. FEI Number		Applied For
21 2601	. So. Baysnore Dr.	26 Same				59-2331894		Not Applicable
Suite, Apt Suit	.#,etc. ce 1400, Terremark Center	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional e Required
City & Sta	ite ·	City & State				6. Election Campaign Financing	\$5.	00 May Be
	ni, Florida	28	-	,,,,,		Trust Fund Contribution		led to Fees
Zip ``	Country	Zip	Count	try	-	8. This corporation owes or has paid the		
24 3313		29	30			Personal Property Tax due June 30.	☐ Yes	□ No
	9. Name and Address of Current I	Registered Agent			Alama	10. Name and Address of New Register	ed Agent	
l Alfr	edo G. Duran, Esq	•	4	31	Name	•		
	e 1400, Terremark		8	32	Street Addre	ss (P.O. Box Number is Not Acceptable)		···
	So. Bayshore Dr.		L	33				
Miam	ni, Fl 33133		l°	23				
ļ	·		8	34	City		EL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the abo	ve-	named corpo	viation submits this statement for the purpos on's board of directors. I hereby accept the a	e of changir	g its registered
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such change was a ons of, Section 607.0505, Flo	iuthorized t orida Statut	by t les.	the corporation	on's board of directors. I hereby accept the a	appointment	as registered
SIGNATURE								
	Signature, typed or printed name of registered agent a			Agen:	nt signature required			
12.	OFFICERS AND I	DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	Damaso, Gerardo	☐ VELETE	1,1 TITLE			•	☐ Char	ge 🗌 Addition
NAME			1.2 NAM					İ
	Apartado 1204	. 1 .	1.3 STRE		ļ.	•		
CITY-ST-ZIP	Valencia, Venezu V-P/Sec	e⊥a □ DELETE	1.4 CITY		- ZIP			2 1 1 1 1 1
TITLE	Alfredo G.Duran	רין הנינונ	2.1 TITLE				☐ Chan	ge 🗔 Addition
NAME	2601 So. Bayshor	e Dr.	2.2 NAM			500003300	1225	3
STREET ADDRESS	Suite 1400, Terr	emark Center	2.3 STRE	EET A	DDRESS	500003300 -06/22/00	01006-	-016
CITY-ST-ZIP	Miami, Fl 33133				-ZIP	****550_00	非来来来	50.00
TITLE		☐ DELETE	3.1 TITLE		ł		L Chan	ge To Addition
NAME	المنتسب عالمتا		3.2 NAME			<u> </u>		
STREET ADDRESS			3.3 STRE					ļ
CITY-ST-ZIP		- OFFETT	3.4. CITY		-Z)P			
TITLE		☐ DELETE	4.1 TITLE		İ		☐ Chan	ge 🔲 Addition
NAME			4. 2 NAM					[پسر .
STREET ADDRESS			4.3 STRE		- 1	500 <u>0</u> 03300		017 -
CITY - ST - ZIP	<u> </u>	☐ DELETE	4.4 CITY-		·ZIP	******8.75		Addition
TITLE		₩ DELEIE	5.1 TITLE				LET UNET	Continue (
NAME STREET ADDRESS			5.2 NAME	_	00000			{
STREET ADDRESS		•	5.3 STREE		1			}
CITY-ST-ZIP		DELETE	5.4 CITY - 6.1 TITLE		· ZIP		☐ Chan	ne Addition
NAME		- Officie			Ī		L Unan	Addition i
'	{	•	6.2 NAME	_		•	75	1
STREET ADDRESS			6.3 STREE		· .		• 4	
LIM YSST JP			E A CITY	CT	70 I			

14. Thereby 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 provided in the corporation of the corporation of the corporation or the receiver of the corporation of t (305)

Alfredo G. Duran, Vice-Pres SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/00

859-2696

Daylime Phone #