

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90057 002 ***150.00

DOCUMENT # H06407

1. Corporation Name

U.S. ATLANTIC CORPORATION

Principal Place of Business

4190 LOQUAT AVE
MIAMI FL 33133
US

Mailing Address

4190 LOQUAT AVE
MIAMI FL 33133
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1984

4. FEI Number

59-2422323

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1218 ASTURIA AVE

Suite, Apt. #, etc.

22 City & State

23 CORAL GABLES FL

Zip Country

24 33134 25 DADE

2a. Mailing Address

26 1218 ASTURIA AVENUE

Suite, Apt. #, etc.

27 City & State

28 CORAL GABLES FL

Zip Country

29 33134 30 DADE

9. Name and Address of Current Registered Agent

RAMIREZ-DOVALE, RAUL O
4190 LOQUAT AVE
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name RAMIREZ-DOVALE RAUL O.

82 Street Address (P.O. Box Number is Not Acceptable)
1218 ASTURIA AVENUE

83

84 City CORAL GABLES FL

85 Zip Code 33134

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 *Ramirez Doval*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 5/99
Date

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME RAMIREZ-DOVALE, RAUL
STREET ADDRESS 4190 LOQUAT AVE
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE
NAME DERAMIREZ, CARMEN J
STREET ADDRESS 4190 LOQUAT AVE
CITY-ST-ZIP MIAMI FL

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

1.1 TITLE PTD ☐ Change ☐ Addition
1.2 NAME RAMIREZ-DOVALE RAUL
1.3 STREET ADDRESS 1218 ASTURIA AVENUE
1.4 CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE S ☐ Change ☐ Addition
2.2 NAME DE RAMIREZ, CARMEN J
2.3 STREET ADDRESS 1218 ASTURIA AVENUE
2.4 CITY-ST-ZIP CORAL GABLES FL 33134

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Ramirez Doval
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 5/99
Date

Daytime Phone # 305.444.3636

CR2E034 (11/98)