

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90016 038 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # L38295

1. Corporation Name

A T & I SERVICES, INC.



Principal Place of Business

12101 NW 98 AVE
8
HIALEAH GARDENS FL 33018
US

Mailing Address

12101 N.W. 98 AVE
8
HIALEAH GARDENS FL 33018
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1989

4. FEI Number

65-0166668

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.



Yes



No

2. Principal Place of Business

21 **13780 SW 56 ST**

2a. Mailing Address

26 **13780 SW 56 ST**

Suite, Apt. #, etc.

22 **204**

Suite, Apt. #, etc.

27 **204**

City & State

23 **MIAMI FL**

City & State

28 **MIAMI FL**

Zip

24 **33175**

Country

USA

Zip

29 **33175**

Country

USA

9. Name and Address of Current Registered Agent

BARONIEL, ROBERTO
12101 NW 98TH AVE
#8
HIALEAH GARDENS FL 33018

10. Name and Address of New Registered Agent

81 Name

ROBERTO BARONIEL

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

13780 SW 56 ST

83

204

84 City

MIAMI

FL

85 Zip Code

33175

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

TITLE **PSTD** ☒ DELETE
NAME **BARONIEL, ROBERTO**
STREET ADDRESS **12101 NW 98 AVE #8**
CITY-ST-ZIP **HIALEAH GARDENS FL**

TITLE **VD** ☒ DELETE
NAME **BARONIEL, ESTHER M.**
STREET ADDRESS **12101 NW 98 AVE #8**
CITY-ST-ZIP **HIALEAH GARDENS 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 **PSTD** ☒ Change ☐ Addition
1.2 NAME **ROBERTO BARONIEL**
1.3 STREET ADDRESS **13780 SW 56 ST #204**
1.4 CITY-ST-ZIP **MIAMI FL 33175**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **BARONIEL, ESTHER**
2.3 STREET ADDRESS **13780 SW 56 ST #204**
2.4 CITY-ST-ZIP **MIAMI FL 33175**

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.

SIGNATURE: **ROBERTO BARONIEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-31-99

Daytime Phone #

CR2E034 (5/99)