FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

L46091 DOCUMENT #

1. Corporation Name

(9)

ATLAS TRAILERS INC.



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Principal Place of E	Business	Mailing Add	ress						
711 EAST 14 ST			14 STREETT						
HIALEAH FL 33012		HIALEAN	HIALEAH FL 33012			3. Date Incorporated or Qualified 3a. Date 01/30/1990 08		of Last Report 8/08/1995	
		2a. Mailing	Address			4. FEI Number			lied For
2. Principal Place	of Business	26	Madross			65-0168845		\$8.75 A	Applicable
1 Code Apt # 6	nto.		pt. #, etc.			5. Certificate of Status Desired		Fee Rec	
Suite, Apt. #, e	510.	27				6. Flection Campaign Financing		\$5.00	May Be
City & State		City & S	State			Trust Fund Contribution		Added to	Fees
3		28		Coun	trv	8. This corporation has liability for	intangible tax	unders 19	9.032,
Zip	Country	Zip 29		30	,	Logida Statutes Yes	S XINO		
4	9. Name and Address of Cu		gent			10. Name and Address of New	Registered M	Jenr	
	9. Name and Addition]	81 Name				
POOLE !	Humberto D.			<u> </u>	82 Street Addr	ess (P.O. Box Number is Not Accepta	ible)		
711 EAST	14 STREETT			\	83				
HIALEAH	FL 33013							85 Zip (Dode
					84 City		FL	11	
		2502 1502 1508	Florida Stalut	les the abo	ve-named corpo	ration submits this statement for the pard of directors. Thereby accept the ap	urpose of char	iging its reg enistered a	jistered offic aent. I am
11. Pursuant to or registered familiar with	the provisions of Sections 607. d agent, or both, in the State of a, and accept the obligations of,	Florida, Such chang Section 607,0505, F	je was authoriz Florida Statutes	zed by the c s.	conporation's bot	ration sobmits this statement for the parties of directors. Thereby accept the ap	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					Agent signature feature	ep whererenstating)	ENGE DO AND	DIDECTOR	S IN 12
SI	Signature, typed or printed name of registered OFFICER	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO O	FICERS AND	Change	Addition
12.	PTD		DELETE	111	iTLE				
NAME	ROQUE, HUMBERTO D.			1.2 N					
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I do nereby certify that the information supplied with this billing is voluntarily furnished and document that my signature shall have the same 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 cath, 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96 (305)826-2003