

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

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L49915			
1. Corporation Name <i>PAUL ATALA, INC.</i>			
Principal Place of Business <i>1201 S. OCEAN BLVD (A1A) POMPANO BEACH FL 33062, BROWARD</i>		Mailing Address <i>SAME</i>	
2. Principal Place of Business		3a. Date of Last Report	
21 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <i>2/14/96</i>	
22 City & State		4. FEI Number <i>65-0170105</i>	
23 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
26		3b. Date of Last Report <i>1995</i>	
27		Applied For ☐ Not Applicable	
28		9. Name and Address of Current Registered Agent	
29		10. Name and Address of New Registered Agent	
30		81 Name	
31		82 Street Address (P.O. Box Number is Not Acceptable)	
32		83	
33		84 City	
34		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 _____ DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. 1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2. 1.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3. 1.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4. 1.1 TITLE			
4.2 NAME			
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4.4 CITY-ST-ZIP			
5. 1.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6. 1.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
000001857450 -06/11/96--01015--026 ***225.00			
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addition thereto with an address.			
SIGNATURE: <i>X Paul Atala</i> May 30, 1996 (984) 943 9569			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (12/95)