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PROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT (# STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M13737 (5) ATACI CAPITAL, INC. Principal Place of Business 8701 S.W. 5TH STREET Mailing Address 9701 S.W. 5TH STREET					
9701 S.W. 5TH MIAMI FL 3317		9701 S.W. 5TH STREET MIAMI FL 33174-1908	l		
				3. Date Incorporated or Qualified 04/09/1985	3a, Date of Last Report 09/03/1996
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2513327	Applied For Not Applicab
Suite, Apt	#, etc.	Suite, Apt. #, etc.	***************************************	5. Certificate of Status Desired	\$8.75 Additional
City & State	3	City & State	·	6. Election Campaign Financing	Fee Required \$5.00 May Be
/3 Ζφ	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for it	Added to Fees
4]	25 9. Name and Address of	29	30		Yes No
GAF	CIGA, JOSE R	CALIBIT MARIETHIAN MARIE	81 Name	10. Name and Address of New Ne	Bisroten Wantr
9701 S.W. 5TH ST. MIAMI FL 33174			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIA	MI FL 331/4		63		· · · · · · · · · · · · · · · · · · ·
			84 City	Manager Manage	FL 85 Zip Code
			1 1		
11. Pursuarit t	to the provisions of Sections 6	07.0502 and 607.1508, Florida Sta	tutes, the above-named con	rporation submits this statement for the p	purpose of changing its registere
	to the provisions of Sections 6 egistered agent or both, in the m familiar with, and accept the	07.0502 and 607.1508, Florida State State of Florida. Such change was obligations of Section 607.0505,	tutes, the above-named corse authorized by the corpora Florida Statutes.	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
SIGNATURE	Styration, bepeal or proceed carrie of regis	teroid agent and title if applicable (N	IOTE: Registered Agent signature requ	uired when reinstating)	DATE
SIGNATURE	Stevanov, lapsed or posted name of regis	ternid agent and title if applicable (N RS AND DIRECTORS	IOTE: Registered Agent signature requ		DATE DERS AND DIRECTORS IN 12
SIGNATURE 12.	Styration, bepeal or proceed carrie of regis	teroid agent and title if applicable (N	IOTE: Registered Agent signature requ	uired when reinstating)	DATE
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Secretary of State

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