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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M13737

(5)

FILED Apr 28 1998 8:00am Secretary of State

ATACI	CAPITAL, INC.			
Principal Place of Business Mailing Address				
<u> </u>				
9701 S.W. 5TH STREET			ncc:	
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				04/09/1985
<u> </u>	lace of Business	2a. Mailing Address	3	4. FEI Number Applied For
21 Suite, Apt. # etc.		26		59-2513327 Not Applicable
	₩, BIC.	Suite, Apt. #, etc	2.	5. Certificate of Status Desired See Required Fee Required
City & Stat	Α	City & State		
23	•	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
<u></u>	9. Name and Address of Curre		1001	10. Name and Address of New Registered Agent
GA	ARCIGA, JOSE R		81 Name	· · · · · · · · · · · · · · · · · · ·
9701 S.W. 5TH ST.			20 01 114	rojetsed H Garciga
MIAMI FL 33174			82 Street A	ddress (P.O. Box Number is Not Acceptable)
·***	THE LOST T		83	
			84 City	Miami Florido 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 apoint the obligations of, Section 607.0505, Florida Statutes.				
t	Market with, and average the object	Janons OI, Section 607.050	DO, FIORIDA STATUTES.	Persident 4/20/98
SIGNATURE	Signature, typed or printed name of registered at	gent and title if applicable	(NOTE: Registered Agent signature re	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDST	DELET	E 1.1 TITLE	☐ Change ☐ Addition
NAME	GARCIGA, JOSE R		1.2 NAME	FRANCISCA H GARCIGA
STREET ADDRESS	9701 SW 5TH ST		1.3 STREET ADDRESS	CAMI EN EST
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	141 and Euri da 33174
TITLE		DELET	E 2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	
TITLE		DELET		Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELET		Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELET		Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE	<u></u>	DELET		Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. Thereby 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.