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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M13737

ATACI CAPITAL, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90176 023 ***150.00



							<u> 1811 1911 1917 1</u>		
Principal Place of Business Mailing Address							•		
9701 S.W. 5TH STREET 9701 S.W. 5TH STREET									
MIAMI FL 33174		MIAM) FL 33174	MIAM) FL 33174		}	OT MOITE IN THE	CDACE		
						OT WRITE IN THIS	SPACE		
					3. Date Incorporated or 6	Transco		-	
					04/09/1985 4. FEI Number				
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address				<u> </u>	olied For	
21		26	<u> </u>				 _	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				esired	\$8.75 A		
22			27					·	
City & State	e	City & State	· · · · · · · · · · · · · · · · · · ·			nancing 🖂	\$5.00		
23			28			on	Added to	Fees	
Zip	Country	Zip	Country		- · · · · · · · · · · · · · · · · · · ·	8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
24	25	29	30]			Personal Property Tax. LYes LNo 10. Name and Address of New Registered Agent			
Name and Address of Current Registered Agent						of New Registered	Agent		
CAD	CICA EDANCISCA H		Ì	81 Na	ne				
	CIGA, FRANCISCA H. S.W. 5TH ST.		82 Street Addre		eet Address (P.O. Box Number is No	t Acceptable)			
MIAN	/II FL 33174			83			•		
			ſ	84 Cit			85 Zip C	ode	
				- 1		<u> </u>	- I I		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the at	ove-nar	ned corporation submits this statemen	nt for the purpose of	changing its i	registered	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was gations of Section 607.0505. Fl	autnorized orida Statu	by the c ites.	orporation's board of directors. I here	by accept the appor	mmem as reg	listered	
	are realistics tribit, and decopt the con-	5							
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NO)	E: Registered	Agent signa	ture required when reinstating)	DATE			
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES	TO OFFICERS AN			
TITLE	PDST	☐ DELETE	1.1 TIT	LE		من الف	ange	Addition	
NAME	GARCIGA, FRANCISCA H.		1.2 NA	ME	37.		e e e e e e e e e e e e e e e e e e e	· ·	
STREET ADDRESS	9701 SW 5TH ST		1.3 ST	REET ADDR	ESS			Ì	
CITY-ST-ZIP	MIAMI FL 33174		1.4 CF	Y-ST-ZIP		一一一大家工			
TITLE		☐ DELETE	2.1 TIT		FICE PRES	VICE SEC	☐ Change	Addition	
NAME			2.2 NA	ME	JOSE R. GARC		•	1	
STREET ADDRESS	•		23 ST	REET ADOF		A. Corre			
				TY-ST-ZIP	M. Ant. E.	3577	سَل	-	
CITY-ST-ZIP . TITLE		☐ DELETE	3.1 TII		1 1 1 1 1 1 1		☐ Change	Addition	
1			3.2 NA		}			-	
NAME				REET ADDR	566				
STREET ADDRESS		•			133				
CITY-ST-ZIP		DÉLETE	3.4. CI 4.1 TIT	TY-ST-ZIP			Change	Addition	
TITLE		_ DELETE				3			
NAME			4. 2 N/					Ì	
STREET ADDRESS			1	REET ADDF	ēSS			1	
CITY-ST-ZIP				Y-ST-ZIP			☐ Change	Addition	
TITLE	1	☐ DELETE	5.1 TIT				☐ Change	C Addition }	
NAME			5.2 NA					}	
STREET ADDRESS				REET ADDR	ESS			-	
CITY-ST-ZIP		_ •		TY-ST-ZIP	•				
TITLE		☐ DELETE	6.1 TIT				Change	☐ Addition .	
NAME			6.2 N						
STREET ADDRESS			6.3 ST	REET ADDF	ESS				

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, with all other like empowered.