

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 9:52**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M15545**  
1. Corporation Name  
**ATRIM ADVERTISING COMPANY**

Principal Place of Business Mailing Address  
**214 ANDALUSIA AVE. SAME  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		26		N/A		5/1/94	
Suite, Apt. #, etc		Suite, Apt. #, etc		Applied For		Not Applicable	
22		27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be	
23		28		Trust Fund Contribution		Yes No	
24		29		30		Florida Statutes	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Raya, Mirta 214 Andalusia Ave Coral Gables, Fl 33134				01 Name			
				02 Street Address (P.O. Box Number is Not Acceptable)			
				03			
				04 City			

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (2011) Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	
NAME	Raya, Mirta	12 NAME	
STREET ADDRESS	214 Andalusia Ave Coral Gable	13 STREET ADDRESS	
CITY- ST- ZIP		14 CITY- ST- ZIP	
TITLE	Secretary	21 TITLE	
NAME	Perales-Echevarria, Mirta	22 NAME	
STREET ADDRESS	214 Andalusia Ave Coral Gable	23 STREET ADDRESS	400001491734
CITY- ST- ZIP		24 CITY- ST- ZIP	-05/17/95--01140--005
TITLE	Treasurer	31 TITLE	****200.00
NAME	Abreu, Margarita	32 NAME	
STREET ADDRESS	5me 43 5604e	33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

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 attachment with an address.

SIGNATURE Mirta Raya DATE 5-1-95 SYSTEM FEE \$ 305-592-1974  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR