

**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 # **M40604** (4)  
1. Corporation Name

**ATLANTIC SECURITY FINANCIAL SERVICES, INC.**



Principal Place of Business: **C/O DIEGO BENAVIDES, 801 BRICKELL AVE PH 2, MIAMI FL 33131**  
Mailing Address: **C/O DIEGO BENAVIDES, 801 BRICKELL AVE PH 2, MIAMI FL 33131**

3. Date Incorporated or Qualified: **10/24/1986**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **59-2751287**  
Applied For:  Applied For  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

**9. Name and Address of Current Registered Agent**

**AVILA, ALCIDES I. ESO.  
701 BRICKELL AVE.  
MIAMI FL 33131**

**10. Name and Address of New Registered Agent**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

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**

TITLE	CH	NAME	ROMERO, DIONISIO	STREET ADDRESS	ONE BISCAYNE TOWER #3400	CITY-STATE-ZIP	MIAMI FL	<input type="checkbox"/> DELETE
TITLE	VCH	NAME	NICOLINI, LUIS	STREET ADDRESS	ONE BISCAYNE TOWER #3400	CITY-STATE-ZIP	MIAMI FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	MONTERO, FERNANDO	STREET ADDRESS	ONE BISCAYNE TOWER #3400	CITY-STATE-ZIP	MIAMI FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	MORALES, RAIMUNDO	STREET ADDRESS	ONE BISCAYNE TOWER #3400	CITY-STATE-ZIP	MIAMI FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	RAFFO, JUAN F	STREET ADDRESS	ONE BISCAYNE TOWER #3400	CITY-STATE-ZIP	MIAMI FL	<input type="checkbox"/> DELETE
TITLE	P	NAME	MUNOZ, CARLOS	STREET ADDRESS	ONE BISCAYNE TOWER #3400	CITY-STATE-ZIP	MIAMI FL	<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP
<b>CONTROLLER BENAVIDES, DIEGO</b>				<b>801 BRICKELL AV., PH-2 MIAMI, FL 33126</b>				<b>300001764353</b>				<b>-04/01/96--01034--005</b>				<b>***200.00</b>							

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 unchanged, or on an attachment with an address change.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DIEGO BENAVIDES (CONTROLLER)**

3-8-96 (305) 372-0762  
Date: **SG 3-30-96**

CR2E034 (12/95)