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 # P06377

Principal Place of Business	Mailing Address			
901 BRICKELL AVENUE	ATLANTIC SECURITY BANK MIAMI AGENCY			
PENTHOUSE II	801 BRICKELL AVENUE			
MIAMI FL 33131	MIAMI FL			

FILED Feb 12, 1999 8:00am **Secretary of State**

02-12-1999 90005 007 ***150.00

ATLANT	FIC SECURITY BANK, MIAM	I AGENCY									
Principal Pla	ce of Business	Mailing Address				- 1 100 1100 1111 00110 01100 11111 1 21	IIF HEAT BEGIT OCHIN SEUL	TIEST DIGIT S			
801 BRICKELL AVENUE ATLANTIC SECURITY BANK I PENTHOUSE II 801 BRICKELL AVENUE		NK MIAMI A	GENK	CY		<i>*</i>					
MIAMI FL 331	31	MIAMI FL					E IN THIS SPAC	.		1	
						3. Date Incorporated or Qualifed					
2 Principal I	Place of Business	2a. Mailing Address				06/10/1985 4. FEI Number	1		75		
21	lace of business	26						Applied	plicable	3	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				59-2773847	_ \$8	75 Addit	·	ن ا	
22		27				5. Certificate of Status Desired		e Require		·	
City & Sta	te	City & State				6. Election Campaign Financing	eign Financing \$5.00 May Be				
23		28		Trust Fund Contribution				Added to Fees			
Zip	Country	Zip		Country		8. This corporation owes the current year Intangible					
24	25	29	30	30		Personal Property Tax. ☐ Yes ☐ No					
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New R	egistered Agent				
ΔΤΙ	ANTIC SECURITY MANK, MIAMI	AGENCY	,	וים	Name						
	BRICKELL AVENUE	AGENOT	[8	B2	Street Addre	ss (P.O. Box Number is Not Accepta	ble)				
	ITHOUSE (I		5	ВЗ		1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7 7 2 885 C 4 * F 8.50	\$14t- 11. e	etr'i 1921		
	MI FL 33131		`						1919		
		•	8	B4	City	Brown of the Same Salar	E 6 85	Zip Code	giamsem		
11. Pursuant	t to the provisions of Sections 607.050	02 and 607,1508, Florida State	utes, the abo	ove-r	named corpo	ration submits this statement for the	ouroose of changi	o its regis	stered		
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was	authorized t	bv th	ne corporation	n's board of directors. I hereby accept	t the appointment	as registe	red		
SIGNATURE		, 100 de	orida Otatut	.c.							
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NO)	ΓΕ: Registered A	gent s	signature required	when reinstating) : - 4, 3,77	DATE	•	-	2	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF				Š	
TITLE .	D	☐ DELETE	1.1 TITLE			the state of	Ch:	inge _	Addition	,	
NAME	MORALES, RAIMUNDO		1.2 NAM							3	
STREET ADDRESS					DDRESS				.	Ļ	
CITY-ST-ZIP TITLE	LIMA, PERU	☐ DELETE	1.4 CITY		ZIP	·			7 Addition	ç	
NAME	P NUMOZ CADLOS	□ pere i e	2.1 TITLE				* ☐ Cha	inge _	Addition]	١	
STREET ADDRESS	Munoz, Carlos 801 Brickell ave Ph II			2.2 NAME 2.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL					•	•				
TITLE	SVP	☐ DELETE	2. 4 CITY 3.1 TITLE		ZIP		☐ Cha	inge [Addition		
NAME	MILLER, THEODORE		3.2 NAM					ے ۔ور			
STREET ADDRESS			3.3 STRE		DORESS	•					
CITY-ST-ZIP	MIAMI FL		3.4. CITY		·		(图4) 清晰。				
TITLE	SVP	☐ DELETE	4.1 TITLE				Çha	inge 🗀	Addition		
NAME	ARREDONDO, JOSE		4. 2 NAM	4E		, , ,		,	,,		
STREET ADDRESS	1		4.3 STRE	ET AD	DDRESS						
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY	-ST-Z	ZIP .						
TITLE	D	☐ DELETE	5.1 TITLE				Cha	nge [Addition		
NAME .	MONTERO, FERNANDO	-		=			,		,		
STREET ADDRESS			5.2 NAME			**************************************	,				
STREET ADDRESS	•		5.2 NAME 5.3 STRE	E	ODRESS	1176 - 128 1					
CITY-ST-ZIP			5.3 STRE 5.4 CITY-	E EET AC - ST-2							
	CALLE 52 & ELVIRA MENDEZ PANAMA, PANAMA	☐ DELETE	5.3 STRE 5.4 CITY 6.1 TITLE	E EET AC - \$T-2			☐ Che	nge	Addition		
CITY-ST-ZIP	CALLE 52 & ELVIRA MENDEZ	☐ DELETE	5.3 STRE 5.4 CITY-	E EET AC - ST-2 E	IP ·			nge _	Addition		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption statindicated on this annual report or supplemental annual report is true and accurate and that my significant or director of the corporation or the receiver or trustee empowered to execute this report as Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. option stated in Section 119.07(8)(i). Florida Statutes. I further certify that the information that my signature shall bave the same legal effect as if made under oath; that I am an sreport as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

S.G. MILLER SVP

(305)372-0762