

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 6/1/98: \$725 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P26301 (2)
1. Corporation Name
NEW ATICO INTERNATIONAL LIMITED CORPORATION

FILED
95 JUL -7 AM 8:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
4201 N.W. 77 AVENUE 4201 N.W. 77 AVENUE
MIAMI FL 33166 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 501 S. Andrews Avenue 26 P.O. Box 14368
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Ft. Lauderdale, FL 28 Ft. Lauderdale, FL
24 Zip 25 Country 29 Zip 30 Country
33301 USA 33302 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
10/04/1989 01/31/1994
4. FEI Number Applied For
59-2806747 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
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FELKOWITZ, STEVE
4201 N.W. 77 AVENUE
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	NYMAN, MORT	1.2 NAME	
STREET ADDRESS	4201 N.W. 77 AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, KENNETH P.	2.2 NAME	
STREET ADDRESS	4201 N.W. 77 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	FELKOWITZ, STEVE	3.2 NAME	
STREET ADDRESS	4201 N.W. 77 AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(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:

[Signature]

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/95

(305) 592-2900

Daytime Phone #