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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	199		DIVISION C						
1. Corp	CUMEN poration Name TLANTIC II		00006948 (3 TO BROKERS, INC.	3)		(400/100) 140/100 140/100	11 88 111 88 111 83 111	1 8 111 8 (6 111	K
Principal Place of Business Mailing Address							II 884II 88III 88II	DICE IEU	81981 1911 1881
7282 NW 54TH ST Miami FL 33166			7282 NW 54TH ST MIAMI FL 33166						
US			U\$			3. Date Incorporated or Qualified	3a. Date o		
						11/20/1992	04/	18/19	
	cipal Place of B	2a. Mailing Address			4. FEI Number 65-0381794			Applied For Not Applicable	
21 Suite	e, Apt. #, etc.		26 Suite, Apt. #, etc.					and the same areas of	Additional
22	o, r ipt. 11, 0to.		27			5. Certificate of Status Desired Fee Required			
	& State		City & State			6. Etection Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip		Country	Zıp	Coul	ntry	8. This corporation has liability for intangible tax under s. 199.032,			
24		25 ame and Address of Cur	29	[30]		Florida Statutes	No No		
	y. N	ame and Address of Cur	rrent negistereo Agent		B1 Name	ID. Name and Address of New F	Jefistalen W	,em	
S	ANTOS, FRA	NOISCO G				(D.O. Oas Nigotas in Not Appendix			
1010 N.W. 24TH AVE. MIAMI FL 33125					82 Street Ad	dress (P.O. Box Number is Not Acceptat	эку		
					B3				
					84 City			85 Zu	p Code
							FL		
11. Pur or r	rsuant to the pi registered ager	rovisions of Sections 607.0 nt, or both, in the State of F	502 and 607,1508, Florida Stat Florida. Such change was autho	utes, the abo rized by the c	ve-named corp orporation's bo	oration submits this statement for the pu eard of directors. I hereby accept the app	irpose of chang pointment as re	≱ng its r gistered	egistered office Lagent, Lam
fam	niliar with, and	accept the obligations of, S	Section 607.0505, Florida Statut	es.					
SIGNAT	TURESignature,	typod or printed name of registered a	agent and title if applicable.	(NOTE Registered	Agent signaturi i regu	erod whor renataling)	DATE		
12.		OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTO	
TITLE	D			1. 1 TI	TLE			Change	Addition
NAME		NTOS, FRANCISCO G		1 2 NA					
STHEET AD	8.01.0	10 N.W. 24TH AVE.			REET ADDRESS				
CITY-ST-	ZIP MIZ	AMI FL 33125	DELETE	1.4 Cf	IY-\$1-7(P			Change	Addition
NAME			Dotter	22 NA	į.		لسؤ	onango	
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CITY-ST-					TY -ST - ZIP				
TITLE			DELETE	3 1 7				Change	Addition
NAME				3 2 NA	ME				
STHEET AS	DORESS			3 3 S	THEET ADDRESS				
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NAME			-	5 2 N/			-	-	_
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TITLE			DELETE	6 1 TI	TLF.			Change	Addition
NAME				6 2 N ²	ME				
STREET AD	DORESS			6 3 ST	REET ADDRESS				

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 cath; 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

64 CITY-ST-ZIP

SIGNATURE: 🗘

Daytme Phone #