FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Feb 24 1998 8:00am Secretary of State

A.T.M.	A.B. INC.	* P9	300002	22109	(1)						
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Principal Plac	e of Busines	S	М	Mailing Address					I DECINODI NO PORDO NIFAT DENY BORR BURK DENY		
1035 NE 125TH STREET				1005 NE 125TH STREET							
SUTE 204				SUITE 204							
NORTH MIAMI FL 33161				NORTH MIAMI FL 33161					DO NOT WRITE IN THIS SPACE		
US			·	US					3. Date Incorporated or Qualified		
2 Principal D	loop of Pug	0000	20	2e. Mailing Address					03/22/1993 4. FEI Number		
2. Principal Place of Business				— ·					1 7 7		pplied For
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					65-0400974		ot Applicable
22				27					5. Certificate of Status Desired	•	Additional equired
City & State				City & State					6. Election Campaign Financing		May Be
23			28	28					Trust Fund Contribution		May Be to Fees
Zip Country				Zip Cou			/	8. This corporation owes or has paid the current year Int.			
24	25		29	29 30			·		Personal Property Tax due June 30. Yes No		
	9. Name			Registered Agent					10. Name and Address of New Registers	d Agent	
MA	RK, PAUL	S				81	Name				
1035 NE 125TH ST							Ctroot	Addro	ddrong (D.O. Day Number in Net Approteits)		
SUITE 208							Sugge	Addres	Address (P.O. Box Number is Not Acceptable)		
NORTH MIAMI FL 33161											
110	*15711 1111/41					84					
							City		F	85 Zip (Code
11. Pursuant	to the provis	ions of Section	s 607.0502 and 6	07.1508, Floric	la Statutes, th	ne abov	e-named	corpo	ration submits this statement for the nurnose	of changing it	ts registered
office or r agent. I a	registered ag ım familiar w	gent, or both, in ith, and accept	the State of Florid the obligations of	da. Such chan f, Section 607.	ge was autho 0505, Florida	rized by Statute:	y the corp s.	ooratio	on's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE											
	Signature, typed		egestered agent and title				erutangia tno	required	when reinstating) DATE		
12.		OFFI	CERS AND DIREC			13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	0			☐ D£		1.1 TITLE				☐ Change	Addition
NAME	MARK,		NUTE AAI				1.2 NAME				ŀ
STREET ADDRESS 1035 NE 125TH ST SUITE 20 CITY-ST-ZIP N MIAMI FL							1.3 STREET ADDRESS				
CITY-\$1-ZIP	N MIAM	I FL		☐ DE		1.4 CITY - S	T-ZIP				Addica
TITLE						2.1 TITLE				☐ Change	☐ Addition
NAME						2.2 NAME					
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Crty-St-ZIP				T DE	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY-: 3.1 TITLE	ST - ZIP			Change	Addition
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STREET ADDRESS						3.3 STREET					
CITY-ST-ZIP TITLE				□ DEI		3.4. CITY - ! 4.1 TITLE	51 - ZIP			Change	Addition
NAME						4. 2 NAME				Change	Madiston
STREET ADORESS						4.3 STREET	4000000				
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CITY-ST-ZIP TITLE				I3O 🗌		4.4 CITY-S 5.1 TITLE	1-219			Change	Addition
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STREET ADDRESS						5.2 INAME 5.3 STREET	AUUBEGG				
CITY-ST-ZIP						5.4 CITY-S	ľ				
TITLE				DEA		5.4 C117-5 5.1 TITLE	· £11			Change	Addition
NAME						5.2 NAME					
STREET ADDRESS						6.3 STREET	ADDRESS				
CITY-ST-ZIP											}
I hereby a	- 428 - 10 - 4 (I					6.4 CITY - S	1-20	4	action 110 07(0)(i) Florida Otabata (forther	27 () 1.1	

indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 chargod, or on an attachment with an address.