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FILED

May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000022213 (1)

1. Corporation Name  
ATLANTIC MANAGEMENT COMPANY, INC.



Principal Place of Business

8701 NW 13TH TERRACE  
MIAMI FL 33172  
US

Mailing Address

8701 NW 13TH TERRACE  
MIAMI FL 33172-3013  
US

3. Date Incorporated or Qualified  
03/25/1993

3a. Date of Last Report  
04/12/1996

4. FEI Number

65-0398262

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 8775 W. Flagler St

Suite, Apt. #, etc.

2a. Mailing Address

26 8775 W. Flagler St

Suite, Apt. #, etc.

22 City & State

23 Miami FL

Zip

24 33172

Country

25 US

27 City & State

28 Miami FL

Zip

29 33172

Country

30 US

9. Name and Address of Current Registered Agent

ALVAREZ, VICTOR  
8701 NW 13TH TERRACE  
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 8775 W. Flagler St

84 City

85 Miami

FL

86 Zip Code

33172

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 type: printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME: D ALVAREZ, VICTOR  
STREET ADDRESS: 10021 NW 52ND TERRACE  
CITY - ST - ZIP: MIAMI FL

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information 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 changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)