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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 11 1998 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

1998

SIGNATURE:

DOCUMENT # P93000022213 (1)

ATLANTIC MANAGEMENT COMPANY, INC.

Principal Place of Business Mailing Address							F SECTION TO WE FOR THIS BOXES CONTINUES TO SECTION OF THE SECTION
8775 W FLAGLER ST MIAMI FL 33174 US			8775 W FLAGLER ST MIAMI FL 33174 US				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
5.5.0.0.0.0							03/25/1993
2. Principal P	face of Busine	958	2a, Mailing Address				4. FEI Number Applied For
Suite, Apt.	# etc		Suite, Apt. #, etc.				65-0398262   Not Applicable   88.75 Additional
22	#, BIC.		27				5. Certificate of Status Desired Fee Required
City & State			City & State				· · · · · · · · · · · · · · · · · · ·
23			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	· · · · · · · · · · · · · · · · · · ·	Country	Zip Country				8. This corporation owes or has paid the current year Intangible
24	ļ,	26	29 30				Personal Property Tax due June 30.
	9, Name i	and Address of Curren					10. Name and Address of New Registered Agent
ALV	/AREZ, VICT	OR			61	Name	ne
	5 W FLAGL			}	82	Street	et Address (P.O. Box Number is Not Acceptable)
	MI FL 33174			-	Street	or Address (1.0. box Number is Not Accoptable)	
,,,,,	***********	•		ſ	63		
				}	84	City	<b>■■ 85</b> Zip Code
				1		Oity	FL   S   Z   S   S   S   S   S   S   S   S
11. Pursuant	to the provision	ons of Sections 607.050	2 and 607.1508, Florida Statute	s, the at	ove	-named	ed 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 o	or printed name of registered age			Age	nt aignatur	sture required when reinstaling) DATE
12.		OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1.5 717			Change Addition
NAME	ALVAREZ			1.2 NA			
STREET ADDRESS	1	V 52ND TERRACE				address	55
CITY-ST-ZIP	MIAMI FL		DELETE	1.4 C/1		T-ZIP	Change Addition
TITLE				21 717			Change Addition
NAME				2.2 NA			
STREET ADDRESS					2.3 STREET ADDRESS		SS
CITY-ST-ZIP	P		DELETE	2. 4 Ci		IT-ZIP	Change Addition
TITLE	ì		☐ becele	31 717			C change C Adonion
NAME DEDUCES ADDRESS				3.2 NA		IDDOLCC	
STREET ADORESS				1 1		ADDRESS	55
CITY-ST-ZIP TITLE	<del>                                     </del>		DELETE		17-8 Le	T-ZIP	Change Addition
NAME				4.2			tand the state of
STREET ADDRESS						ADDRESS	282
CITY-ST-ZIP				4.4 CM			~
TITLE			DELETE	5.1 TIT		,	Change Addition
NAME				5.2 NA	ME		
STREET ADDRESS				1		ADDRESS	ss
CITY-ST-ZIP				5.4 CH			
TITLE	<del>                                     </del>		<b>DELETE</b>	6.1 7/7			Change Addition
NAME				6.2 NA			
STREET ADDRESS				1		ADDRESS	ss
CITY.ST. 7IP				6400	[Y-S]	r - 71P	
14. I hereby	certify that the	Information supplied w	ith this filing does not qualify fo	the exe	mpt	ion state	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
14. Thereby certify that the information supported with this jilling 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 supplier for the properties of the corporation of the corporation of the receiver of the transport of the corporation of the receiver of the transport of the corporation of the receiver of the properties of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver							