SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000033344 (1)

ATI AC F	REIGHT CONSOLIDA	TORS INC					
AILAGI	HEIGHT CONSOLIDA	TOIL IIIO.				I HARIJADI KIN 1810A JIH BERNIK BAJIH BARNI RAJ	ea niga 133 1
Dringing Place	o of Business	Mailin	a Addrose	w	· · · · · · · · · · · · · · · · · · ·		
Principal Place of Business Mailing Address 1325 N.W. 21 STREET 1325 N.W. 21 STREET							
1325 N.W. 21 STREET 1325 N.W. 21 STREET MIAMI FL 33142 MIAMI FL 33142							
						V DO NOT WRITE IN TH	IIS SPACE
						3. Date Incorporated or Qualified 05/06/1993	
2. Principal P	lace of Business	2a. M	2a. Mailing Address			4. FEI Number	Applied For
21		26	26			65-0438804	Not Applicable
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				5. Certificate of Ctatos Desired	Fee Required
City & Stat	e	Ci	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution LJ Added to Fees	
Zip	Country		- ' k		at the perpendicular transport and perpendicular year.		
24	25 29 3 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
EED/	GUSON, BARRY	or Current Registers	o Agent	8	1 Name	TV. Maille alla Address Of New (tegistere	io Agent
1325 N.W. 21 STREET							
MIAMI FL 33142				8	32 Street Address (P.O. Box Number is Not Acceptable)		
MINUM 1 L 55 142				8	3		
				ļ			
				8	4 City	F	B5 Zip Code
11. Pursuant	to the provisions of sections	607.0502 and 607.1	508, Florida Statute	s, the abov	e-named corp	oration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered
office or agent. I a	registered agent, or both, in am familiar with, and accept	the State of Florida. the obligations of, se	Such change was a action 607.0505, Fl	authorized t orida Statut	by the corpora es.	tion's board of directors. I hereby accept the app	po intm ent as registered
SIGNATURE	N	A CONTRACTOR OF THE STATE OF TH	Laska Jan	DTC: Davids		rquired when reinstating) DATE	
12.	Signature, typed or printed name of rec OFFIC	CERS AND DIRECT		13.	Agent signature re	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD / DELETE		1.1 TITLE			Change Addition	
NAME	FERGUSON, BARRINGT	ron /	[] DELETE				
STREET ADDRESS 1325 N.W. 21 STREET			1.3 STREET ADDRESS		ET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		1.4 CITY-ST-ZIP				
TITLE	STD		DELETE	2.1 TETLE			Change Addition
NAME	FERGUSON, MILDRED		(2.2 NAME			
STREET ADDRESS	1325 N.W. 21 STREET			23 STRE	ET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142			2.4 CITY-	ST-ZIP		
TITLE			DELETE	3.1 TITLE			Change Addition
NAME				3.2 NAME	<u> </u>		
STREET ADDRESS				3.3 STRE	ET ADDRESS		
City-St-Zip				3.4 CITY-	ST-ZIP		
TITLE			DELETE.	4.1 TITLE			Change Addition
NAME				4 2 NAME			
STREET ADDRESS				4.3 STRE	ET ADDRESS		
CITY-ST-ZIP				4.4 CITY-	ST-ZIP		
TITLE			DELETE	5 1 TITLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			<u> </u>	5.4 CITY-	ST-ZIP		
TITLE			DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STRE	ET ADDRESS		
CITY OT 710				CACITY	C1 71D		

14. I 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.

FILED

Sep 17 1998 8:00am

Secretary of State