

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Mathias  
Secretary of State  
Tallahassee, Florida 32399-0400

APPROVED AND FILED  
95 MAY 23 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000058637 (8)**

FIRST CARIBBEAN CONSOLIDATIONS, INC.

Principal Office of Corporation: 190 E 39TH ST HALEAH FL 33013  
Mailing Address: 190 E 39TH ST HALEAH FL 33013

21. Principal Office of Headquarters: 190 E 39TH ST HALEAH FL 33013  
22. State of Incorporation: FL  
23. City, State: HALEAH FL  
24. Location: HALEAH FL

3. Date incorporated (NY number): 08/20/1993  
3a. Date of Filing Report: 09/19/1994  
4. FEI Number: 65-0431495  
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 voluntarily adopted the revised 1992 U.S. Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: DEL VALLE, MARY A, 4863 NW 167TH ST, MIAMI FL 33015  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Applicable), 83, 84 City, FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.01(1)(b), (1)(c), and 607.1508, Florida Statutes, the above signed 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 licensed and accept the obligations of Sections 607.01(1)(b), Florida Statutes.

SIGNATURE: *Mary A Del Valle*

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS	
12a. NAME: DEL VALLE, MARY A	12b. STREET ADDRESS: 190 E 39TH ST HALEAH FL 33013	13a. NAME:	13b. STREET ADDRESS:
12c. CITY, STATE:		13c. NAME:	13d. STREET ADDRESS:
12d. NAME:		13e. NAME:	13f. STREET ADDRESS:
12e. NAME:		13g. NAME:	13h. STREET ADDRESS:
12f. NAME:		13i. NAME:	13j. STREET ADDRESS:
12g. NAME:		13k. NAME:	13l. STREET ADDRESS:
12h. NAME:		13m. NAME:	13n. STREET ADDRESS:
12i. NAME:		13o. NAME:	13p. STREET ADDRESS:
12j. NAME:		13q. NAME:	13r. STREET ADDRESS:
12k. NAME:		13s. NAME:	13t. STREET ADDRESS:
12l. NAME:		13u. NAME:	13v. STREET ADDRESS:
12m. NAME:		13w. NAME:	13x. STREET ADDRESS:
12n. NAME:		13y. NAME:	13z. STREET 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 199.03(1)(b), Florida Statutes. I further certify that the information was filed on this annual report or supplemental annual report on time and is 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 registered business empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 and change or on an attachment with an address.

SIGNATURE: *Mary A Del Valle* 5/16/95 305 362-9555

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

**APPROVED AND FILED**

08/18/1993

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

REGISTRATION  
MAY 1, 1995  
1995



FLORIDA DEPARTMENT OF STATE  
TAMARA B. MATHIAS  
COMMISSIONER

DOCUMENT # **P93000058670 (9)**

**TIM MOORE PAINTING COMPANY, INC.**

1. Filing Office: <b>0821 WILES RD #208 CORAL SPRINGS FL 33067 US</b>		2a. Mailing Address: <b>0821 WILES RD #208 CORAL SPRINGS FL 33067 US</b>		3. Date of Registration: <b>08/18/1993</b>	3a. Date of Last Report: <b>04/26/1994</b>
21. Filing Office: <b>see below</b>	22. Filing Office: <b>see below</b>	23. Filing Office: <b>see below</b>	24. Filing Office: <b>see below</b>	4. FID Number: <b>65-0438651</b>	Approved For: <b>Not Applicable</b>
25. Filing Office: <b>see below</b>	26. Filing Office: <b>see below</b>	27. Filing Office: <b>see below</b>	28. Filing Office: <b>see below</b>	5. Candidate's Total of Fees: <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution: <b>\$5.00 May Be Added to Fees</b>
29. Filing Office: <b>see below</b>	30. Filing Office: <b>see below</b>	31. Filing Office: <b>see below</b>	32. Filing Office: <b>see below</b>	7. For Corporation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. For Partnership: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent: <b>MCDONALD, DAVID M 1383 SOUTHWEST FIRST STREET STE. 200 MIAMI FL 33135</b>		10. Name and Address of New Registered Agent:			
B1. Name:	B2. Street Address (P.O. Box Number or N.A. Capital):	B3. City:	B4. State:	B5. Zip Code:	

11. I, the undersigned, the president of the herein entitled corporation and authorized signatory, the statement for this purpose and changing its registered office to the above address 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 not a partner, officer or director of the corporation and I accept the obligations of Section 607.05, Florida Statute.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (N/A)	
1. NAME: <b>D MOORE, TIM</b>	2. STREET ADDRESS: <b>0821 WILES ROAD STE-208 CORAL SPRINGS FL 33037</b>	3. NAME:	4. STREET ADDRESS: <b>6231 NW 4TH Ave. BOCA RATON, FL 33487</b>
5. NAME: <b>VP MOORE JACKIE</b>	6. STREET ADDRESS: <b>0821 WILES RD #208 CORAL SPRINGS FL</b>	7. NAME:	8. STREET ADDRESS: <b>6231 NW 4TH Ave. BOCA RATON, FL 33487</b>
9. NAME:	10. STREET ADDRESS:	11. NAME:	12. STREET ADDRESS:
13. NAME:	14. STREET ADDRESS:	15. NAME:	16. STREET ADDRESS:
17. NAME:	18. STREET ADDRESS:	19. NAME:	20. STREET ADDRESS:
21. NAME:	22. STREET ADDRESS:	23. NAME:	24. STREET ADDRESS:
25. NAME:	26. STREET ADDRESS:	27. NAME:	28. STREET ADDRESS:
29. NAME:	30. STREET ADDRESS:	31. NAME:	32. STREET ADDRESS:

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.05, Florida Statute. Further, that the information filed on this report is true and accurate and that my signature shall be on the corporation's financial records and that my signature shall be on the corporation's financial records and that my signature shall be on the corporation's financial records and that my signature shall be on the corporation's financial records.

SIGNATURE: *Timothy J. Moore*  
TIMOTHY J. MOORE  
SIGNATURE AND TITLE OF PRESIDENT OR DIRECTOR

5/10/95 (407) 994-6525

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**APPROVED AND FILED**

MAY 20 11 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
1200 Bay Street, Tallahassee, Florida 32304

DOCUMENT # **P93000058673 (3)**

1. Corporation Name  
**A.T. & W.P. INC.**

Principal Office of Business  
**114 NORTHEAST FIRST STREET  
TRENTON FL 32693**

Mailing Address  
**114 NORTHEAST FIRST STREET  
TRENTON FL 32693**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/18/1993** 3a. Date of Last Report **06/22/1994**

4. FEI Number **59-3207407** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contributions  **\$5.00 May Be Added to Fees**

8. This corporation has liability for wharftax under s. 359.03, Florida Statutes.  Yes  No

2. Principal Place of Business	2a. Mailing Address
21 State App. # etc.	26 State App. # etc.
22 City & State	27 City & State
23	28
24	29
25	30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BURT, THEODORE M  
114 NORTHEAST FIRST STREET  
TRENTON FL 32693**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Applicable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 600.02(1) and 600.15(8), 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, thereby, through the appointment of registered agent, can be used without the application of Section 600.15(8), Florida Statutes.

SIGNATURE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 12)**

12-1 NAME	<b>D HOLBEN, JAMES S</b>
12-2 STREET ADDRESS	<b>HIGHWAY 129</b>
12-3 CITY & STATE	<b>BELL FL 32619</b>
12-4	
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13-1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-2	
13-3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-4	
13-5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-6	
13-7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-8	
13-9	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-10	
13-11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-12	
13-13	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-14	
13-15	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-16	
13-17	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-18	
13-19	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-20	

14. I, the undersigned, certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Section 131.02(9)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if my name were printed. That I am an officer or director of the corporation or the registered agent or legal representative of this report as required by Chapter 600, Florida Statutes, and that my name appears on Block 12 or Block 13, checked, or on an amendment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR

14 / May / 95

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Wanda M. Morton  
Secretary of State  
Tallahassee, Florida 32399-0001

RECEIVED  
MAY 23 11:10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000058899 (4)**

ATCO INTER CORP.

Principal Office of Corporation: 13870 S.W. 151ST LANE MIAMI FL 33186  
Mailing Address: 13870 S.W. 151ST LANE MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/23/1993</b>	3a. Date of Last Report <b>07/08/1994</b>
4. FID Number <b>65-0460091</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation has liability for intangible tax under § 196.002 Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office of Corporation	2a. Mailing Address
21. State of Incorporation	26. State of Mailing
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**TRIGO, MARIA I**  
13870 S.W. 151ST LANE  
MIAMI FL 33186

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.040, 607.041 and 607.1504 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 607.040 Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Officer or Director)

12. OFFICERS AND DIRECTORS

NAME	<b>P</b>	TRIGO, ALBERTO M
STREET ADDRESS		13870 SW 151 AVE.
CITY & STATE		MIAMI FL
PHONE		
NAME		
STREET ADDRESS		
CITY & STATE		
PHONE		
NAME		
STREET ADDRESS		
CITY & STATE		
PHONE		
NAME		
STREET ADDRESS		
CITY & STATE		
PHONE		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. STREET ADDRESS	
1. CITY & STATE	
1. PHONE	
2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
2. CITY & STATE	
2. PHONE	
3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS	
3. CITY & STATE	
3. PHONE	
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. STREET ADDRESS	
4. CITY & STATE	
4. PHONE	
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	
5. CITY & STATE	
5. PHONE	
6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	
6. CITY & STATE	
6. PHONE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law 1993-103, Florida Statutes. I further certify that the information is filed on the annual report or biennial annual report as true and accurate and that the signatures shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the officer or holder empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an affidavit with an address.

SIGNATURE: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Signature)  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR  
5-16-95 303 371-6401