

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra R. Morahan
Secretary of State
1900 BANKERS BUILDING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 3:44

DOCUMENT # P94000029640 (7)

1. Corporation Name:
ATICHEM INCORPORATED

Principal Place of Business: **3837 ESTEPONA AVENUE MIAMI FL 33178**
Mailing Address: **3837 ESTEPONA AVENUE MIAMI FL 33178**

2. Principal Place of Business		2a. Mailing Address		3. Date of Incorporation		3a. Date of Registration	
21	8338 NW 66 ST	26	8338 NW 66 ST	04/19/1984			
22. Suite, Apt # etc		27. Suite, Apt # etc		4. FEI Number		4a. Agent Fee	
				65-0487370			
23. City & State		28. City & State		5. Certificate of Status Cleared		\$8.75 Additional Fee Required	
MIAMI FL		MIAMI FL		<input type="checkbox"/>			
24. County		29. County		6. The total Corporate Tax on the		\$5.00 May Be Added to Fees	
DADE		DADE		Total Tax Contributions		<input type="checkbox"/>	
				7. The corporation has liability for franchise tax under the Florida Statutes		<input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MENDEZ, CARMEN 3837 ESTEPONA MIAMI FL 33178				Mendez, CARMEN 8338 NW 66 ST MIAMI FL 33166			

11. Pursuant to the provisions of Sections 602.05(2) and 602.15(3), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, we and the applicant have read and understand the obligations of Section 602.05(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADULTERATED NAMES	
1. TITLE	PSD	1. NAME	
2. NAME	MENDEZ, CARMEN	2. NAME	
3. STREET ADDRESS	3837 ESTEPONA	3. STREET ADDRESS	
4. CITY, ST, ZIP	MIAMI FL K3317-8	4. CITY, ST, ZIP	
5. TITLE	VD	5. NAME	
6. NAME	ANTONIO, JOSE ANTONIO	6. NAME	ALMONTE, JOSE A.
7. STREET ADDRESS	CALLE LAS ACTURAS #8 LAS COLINA DE LOS RIO	7. STREET ADDRESS	CALLE LAS ACTURAS #8
8. CITY, ST, ZIP	SANTO DOMINGO, REP. DOMINICA	8. CITY, ST, ZIP	LA COLINA DE LOS RIO
9. TITLE	VDD	9. NAME	SANTO DOMINGO, Rep. Dom
10. NAME	SANCHEZ, ALMONTE	10. NAME	Delete
11. STREET ADDRESS	CALLE LAS ACTURAS #8 LAS COLINA DE LOS RIO	11. STREET ADDRESS	
12. CITY, ST, ZIP	SANTO DOMINGO, REP. DOMINICA	12. CITY, ST, ZIP	
13. TITLE		13. NAME	
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE		17. NAME	
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is substantially true and correct, and that the corporation is in good standing in the State of Florida. I further certify that the information indicated on this report is not intended to be used for any purpose other than that for which it was prepared, and that the information is true and correct to the best of my knowledge and belief. I understand that the information supplied with this report is required by Chapter 602, Florida Statutes, and that it is a misdemeanor to knowingly furnish false information.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Handwritten: 2/21/95 305/592-5337