

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000045998 (9)**

1. Corporation Name

ATLANTIC TRAINING CENTER, INC.



Principal Place of Business

**13392 S.W. 128TH ST.
MIAMI FL 33186**

Mailing Address

**13392 S.W. 128TH ST.
MIAMI FL 33186**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

County

29

30

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0499384

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

9. Name and Address of Current Registered Agent

**MARTIN, MIGUEL A
848 BRICKELL AVENUE, SUITE 830
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81

Name

Rafael E. Rodriguez c/o R.E. Rodriguez, P.A.

82

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

8405 NW 53rd Street,

83

Suite

C-103

84

City

Miami

FL

85

Zip Code

33166

11. Pursuant to the provisions of Sections 607.0607 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

Rafael E. Rodriguez, CPA

Date of Appointment as Registered Agent

04/19/96

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
TRAVERSE, AMPARO V
13392 S.W. 128TH ST.
MIAMI FL 33186**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 119.07(3)(k), 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: X

Amparo Traveset

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96

DATE

305-2529016

DATE OF FILING

CR2E034 (12/95)