

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

**FILED**  
**Jan 24 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000055314 (6)**

1. Corporation Name  
**ATLANTIC MONTANA, CORP.**



Principal Place of Business  
**6781 ENTRADA PLACE SUITE-2007 BOCA RATON FL 33433 US**

Mailing Address  
**6781 ENTRADA PLACE SUITE-2007 BOCA RATON FL 33433-2742 US**

3. Date Incorporated or Qualified **07/26/1994** 3a. Date of Last Report **04/24/1996**

4. FEI Number **65-0507656** 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

2. Principal Place of Business  
 21 **6781 ENTRADA PLACE**  
 Suite, Apt. #, etc. \_\_\_\_\_  
 22 \_\_\_\_\_  
 City & State **BOCA RATON, FLA**  
 23 \_\_\_\_\_  
 Zip **33433** Country **U.S.A.**  
 24 \_\_\_\_\_ 25 \_\_\_\_\_

2a. Mailing Address  
 26 \_\_\_\_\_  
 Suite, Apt. #, etc. \_\_\_\_\_  
 27 \_\_\_\_\_  
 City & State \_\_\_\_\_  
 28 \_\_\_\_\_  
 Zip \_\_\_\_\_ Country \_\_\_\_\_  
 29 \_\_\_\_\_ 30 \_\_\_\_\_

9. Name and Address of Current Registered Agent  
**MACDANIEL, JOHN M P.A.**  
**2 SOUTH BISCAYNE BLVD**  
**SUTIE 2975**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent  
 81 Name \_\_\_\_\_  
 82 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 83 \_\_\_\_\_  
 84 City \_\_\_\_\_  
 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE **1/13/97**

12. OFFICERS AND DIRECTORS

TITLE **DP**  DELETE  
 NAME **OCCHIONERO, MARCELO**  
 STREET ADDRESS **6781 ENTRADA PLACE**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  DELETE  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE  DELETE  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE  DELETE  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE  DELETE  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
 12 NAME \_\_\_\_\_  
 13 STREET ADDRESS \_\_\_\_\_  
 14 CITY-ST-ZIP \_\_\_\_\_

21 TITLE  Change  Addition  
 22 NAME \_\_\_\_\_  
 23 STREET ADDRESS \_\_\_\_\_  
 24 CITY-ST-ZIP \_\_\_\_\_

31 TITLE  Change  Addition  
 32 NAME \_\_\_\_\_  
 33 STREET ADDRESS \_\_\_\_\_  
 34 CITY-ST-ZIP \_\_\_\_\_

41 TITLE  Change  Addition  
 42 NAME \_\_\_\_\_  
 43 STREET ADDRESS \_\_\_\_\_  
 44 CITY-ST-ZIP \_\_\_\_\_

51 TITLE  Change  Addition  
 52 NAME \_\_\_\_\_  
 53 STREET ADDRESS \_\_\_\_\_  
 54 CITY-ST-ZIP \_\_\_\_\_

61 TITLE  Change  Addition  
 62 NAME \_\_\_\_\_  
 63 STREET ADDRESS \_\_\_\_\_  
 64 CITY-ST-ZIP \_\_\_\_\_

14. I do 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.

SIGNATURE: DATE **1/13/97** (305) 374-0700

CR2E034 (9/96)