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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000061790

1. Corporation Name
ATM USA, INC.

Principal Place of Business	Mailing Address
~~1040 NE 17TH WAY #B~~ ~~FT LAUDERDALE FL 33304~~	~~1040 NE 17TH WAY #B~~ ~~FT LAUDERDALE FL 33304~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1994

2. Principal Place of Business	2a. Mailing Address
21 4730 40TH AVE	26 4730 40TH AVE
Suite, Apt. #, etc. 22 OFFICE	Suite, Apt. #, etc. 27 OFFICE
City & State 23 VERO BEACH, FL	City & State 28 VERO BEACH, FL
Zip 24 32967 Country 25 USA	Zip 29 32967 Country 30 USA

4. FEI Number: 65-0513357 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~TILLEM, SCOTT~~
3284 N STATE RD 7
LAUDERDALE LAKES FL 33319

10. Name and Address of New Registered Agent

81 Name: JOSEPH, K. NOFIL C.P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 3284 N. STATE RD. 7
83
84 City: LAUDERDALE LAKES FL 85 Zip Code: 33319

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE 5/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DIRECTOR, PRESIDENT	☒ Change ☐ Addition
NAME	TRABY, EDMUND		1.2 NAME	TRABY, EDMUND	
STREET ADDRESS	~~1040 NE 17TH WAY #B~~		1.3 STREET ADDRESS	4730 40TH AVE	
CITY-ST-ZIP	~~FT LAUDERDALE FL 33304~~		1.4 CITY-ST-ZIP	VERO BEACH, FL. 32967	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: JOSEPH K. NOFIL C.P.A. 5/1/99 509-6160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #