

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT  1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS																																																	
DOCUMENT # P94000074510 1. Corporation Name ATA INTERNATIONAL TRADING, INC.																																																			
Principal Place of Business 10231 NW 53RD STREET SUNRISE, FL. 33351		Mailing Address 6642 NW 97TH LANE PARKLAND, FL. 33076																																																	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country																																																	
3. Date Incorporated or Qualified 10/11/94		3a. Date of Last Report 10/11/94																																																	
4. FEI Number 65-0525663		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																																																	
7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No																																																			
8. Name and Address of Current Registered Agent JUAN OCAMPO 6642 N.W. 97TH LANE PARKLAND, FLORIDA 33076		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code																																																	
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 Signature of registered agent or, if applicable, (NOTE: Registered Agent signature required when reinstating)																																																			
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PRESIDENT</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>JUAN OCAMPO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6642 N.W. 97TH LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PARKLAND, FL. 33076</td> <td>☐ DELETE</td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>☐ DELETE</td> </tr> </table>				TITLE	PRESIDENT	☐ DELETE	NAME	JUAN OCAMPO		STREET ADDRESS	6642 N.W. 97TH LANE		CITY-ST-ZIP	PARKLAND, FL. 33076	☐ DELETE	TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP		☐ DELETE	TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP		☐ DELETE	TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP		☐ DELETE
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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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.																																																			
SIGNATURE: <i>Juan Ocampo</i> Juan Ocampo 4/21/97 (954) 749-5009 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																			

CR2E034 (3/96)