

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 24 1997 8:00am  
Secretary of State

DOCUMENT # **P95000001039 (3)**

1. Corporation Name  
**ATLANTIC PACK SUPPLIES INC.**



Principal Place of Business  
**7569 N.W. 70TH ST.  
MIAMI FL 33166**

Mailing Address  
**7569 N.W. 70TH ST.  
MIAMI FL 33166-2815**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified  
**01/05/1995**

3a. Date of Last Report  
**05/20/1996**

4. FEI Number

**65-0546263**

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

**BLANCO, GERARDO A  
9221 CARIBBEAN BLVD.  
MIAMI FL 33157**

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

(NOTE: Is required Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	PD	<input type="checkbox"/> DELETE
12.2	STREET ADDRESS	BLANCO, GERARDO A	
12.3	CITY-STATE-ZIP	9221 CARIBBEAN BLVD.	
12.4	MIAMI FL 33157		
12.5	TITLE	SD	<input type="checkbox"/> DELETE
12.6	NAME	RODRIGUEZ, CARLOS A	
12.7	STREET ADDRESS	17600 N.W. 55TH CT.	
12.8	CITY-STATE-ZIP	MIAMI FL 33055	
12.9	TITLE	TD	<input type="checkbox"/> DELETE
12.10	NAME	RODRIGUEZ, WALTER R	
12.11	STREET ADDRESS	17600 N.W. 55TH CT.	
12.12	CITY-STATE-ZIP	MIAMI FL 33055	
12.13	TITLE		<input type="checkbox"/> DELETE
12.14	NAME		
12.15	STREET ADDRESS		
12.16	CITY-STATE-ZIP		
12.17	TITLE		<input type="checkbox"/> DELETE
12.18	NAME		
12.19	STREET ADDRESS		
12.20	CITY-STATE-ZIP		
12.21	TITLE		<input type="checkbox"/> DELETE
12.22	NAME		
12.23	STREET ADDRESS		
12.24	CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	
13.5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-STATE-ZIP	
13.9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY-STATE-ZIP	
13.13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-STATE-ZIP	
13.17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY-STATE-ZIP	

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 a duly elected officer 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 or Block 14 or in an attachment with an address.

SIGNATURE:

*Gerardo A. Blanco* **GERARDO A. BLANCO** 1/9/97 683-4944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)