FILE NOW: FILING FEE AFTER MAY 1ST JS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000001039 (3)

ATLANTIC PACK SUPPLIES INC.

FILED Mar 25 1998 8:00am Secretary of State



ļ <u> </u>						<u> </u>		
Principal Place of Business Mailing Address								
7569 N.W. 70		7569 N.W. 70TH ST.				i		
Miami FL 331	100	MIAMI FL 33166				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						01/05/1995		
	lace of Business	2a. Mailing Address				4. FEI Number	Ar	plied For
21		26				65-0546263	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22		27		.,	Di Commodic di Gialda Desirod	Fee Re	equired	
City & State		City & State			6. Election Campaign Financing	\$5.00		
Zip Country		28					Added t	
24	Country	Zip	Country 30			8. This corporation owes or has paid		angible
24	9. Name and Address of Curren		01			Personal Property Tax due June 3 10. Name and Address of New Regi] NO
DI.	ANCO, GERARDO A	i riogiotoro regoni		31 1	Name	10. Hallo alla Paarooo oi itom itogi	sorou rigorii	
	21 CARIBBEAN BLVD.		L					
	AMI FL 33157		82 Street Ad		Street Addre	ss (P.O. Box Number is Not Acceptable	,)	
1412		8	13					
				14 (City		85 Zip (Code
					Ť			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.				13.		ADDITIONS/CHANGES TO OFFICE		S IN 12
TITLE	PD	DELETE	1.1 TITL	E		·	☐ Change	Addition
NAME	BLANCO, GERARDO A	•	1.2 NAME					
STREET ADDRESS	9221 Caribbean BLVD.		1.3 STREET		DORESS			
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY	- ST- 2	ZIP			
TITLE	SD	☐ DELETE	TE : 2.1 TITL				☐ Change	☐ Addition
NAME			22 NAM	22 NAME				ł
STREET ADDRESS	17600 N.W. 55TH CT.		2.3 STREET ADDRESS		ORESS			
CITY-ST-ZIP	MIAMI FL 33055		2 4 CiT	Y-\$T-	ZIP			
TITLE	· -		3.1 TITL	3.1 TIFLE			☐ Change	☐ Addition
NAME	· · · · · · · · · · · · · · · · · · ·		3.2 NAM	3.2 NAME				
STREET ADDRESS			3.3 STRE	3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33055		3.4. CITY	/- ST-	ZIP			
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAN	Æ	i			
STREET ADDRESS			4.3 STRE	et ad	DRESS			1
CITY-ST-ZIP			4.4 CITY - S		ZVP			
TOTLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAM	E				
STREET ADDRESS			5.3 STRE	ET AD	DRESS			
CITY-ST-ZIP			5.4 CITY	- ST - Z	ZIP	<u></u>		
TITLE		DELETE	6.1 TITLE	E			Change	Addition
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STRE	ET AD	DRESS			
CITY - ST - ZIP			6.4 CITY	- ST - Z	ZIP			

Thereby 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.

GNATURE:

GRAPDO A. Dhayco 3/18/98(305)/443-4444