FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT ~~1996~~ 1997.

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

FILED
May 06 1997 8:00 am
Secretary of State

DOCUMENT # P95000015192 (4)

1. Corporation Name

ATLAS SERVICES GROUP USA, INC.

[redacted]

Principal Place of Business	Mailing Address
441 FLORIDA BLVD. MIAMI FL 33144	441 FLORIDA BLVD. MIAMI FL 33144

3. Date Incorporated or Qualified: 02/23/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 1997	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0558015 ☐ 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	10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVE. CORAL GABLES FL 33134	81 Name: Paulina A. Molina 82 Street Address (P.O. Box Number is Not Acceptable): 441 Florida Blvd. 83 84 City: Miami, FL 85 Zip Code: 33144

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 Paulina A. Molina (signature) 4-29-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE: P NAME: MOLINA, GERARDO STREET ADDRESS: 441 FLORIDA BLVD. CITY-ST-ZIP: MIAMI FL 33144	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP: Pauline R. Yanes President 441 Florida Blvd. (Rear) Miami, Fl 33144	☒ Change ☐ Addition
TITLE: NAME: Pauline R. Yanes STREET ADDRESS: CITY-ST-ZIP:	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP: Paulina A. Molina President 441 Florida Blvd. Miami FL 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Paulina A. Molina	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP: 4-29-97	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP: 5/7/97	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS: Pauline R. Yanes / CITY-ST-ZIP	☐ DELETE X	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP: Paulina ... President ... 441 Florida Blvd.	☐ Change ☐ Addition

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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 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: (signature) Paulina A. Molina 4-29-97

CR2E034 (12/95)