

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000040560 (1)

1. Corporation Name

A.T.B. AMERICAN TRADE BUSINESS, INC.



Principal Place of Business

Mailing Address

~~640 SW 89TH COURT~~ 5225 Collins Avenue
~~MIAMI FL 33174~~ #1406
Miami Beach, Florida
33140

~~640 SW 89TH COURT~~ 5225 Collins Avenue
~~MIAMI FL 33174~~ #1406
Miami Beach, Florida
33140

3. Date Incorporated or Qualified
05/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5225 Collins Avenue
Suite, Apt. #, etc.
22 #1406

26 5225 Collins Avenue
Suite, Apt. #, etc.
27 #1406

23 City & State
Miami Beach, Florida
24 Zip 33140

28 City & State
Miami Beach, Florida
29 Zip 33140

4. FEI Number

Applied For

65-0601142

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

CASTILLEJO, ANTONIO M
~~640 SW 89TH COURT~~
~~MIAMI FL 33174~~

81 Name Castillejo, Antonio M.
82 Street Address (P.O. Box Number is Not Acceptable)
5225 Collins Avenue
83 #1406
84 City Miami Beach
85 Zip Code FL 33140

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 person or firm registered agent of the corporation

Signature of Registered Agent (signature required when term expires)

DATE

4/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME D.P., P.S., T.
STREET ADDRESS Antonio M. Castillejo
CITY-ST-ZIP 5225 Collins Avenue #1406
Miami Beach, Florida 33140

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51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

(305) 861-1586

CR2E034 (12/95)