## 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

## DOCUMENT # P95000073106 (3)

A.T. INTERNATIONAL BUSINESS INC.

Principal Place of Business Mailing Address 550 N.W. 42ND AVENUE #202 14939 SW 132 AVE

## **FILED** Aug 20 1997 8:00am Secretary of State



MIAMI FL 9312	6	MIAMI FL 33186-7630								
						3. Date incorporated or Qualified 09/21/1995	3a. Da	te of La 27/199		ori
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number			Appli	ed For
21		26				65-0608809			Not Applicable	
Suite, Apt. +	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			<b>5</b> Add	
22		27							Requ	
City & State	3	City & State				6. Election Campaign Financing Trust Fund Contribution		<b>4</b>	00 ма	, ,
23 Zip	Country	7 p		Country					led to F	
24 Zip	25	29	30	iii y		8. This corporation has liability for it Florida Statutes		tax und ] No	ers. Is	99.032,
24]	9. Name and Address of Curren		[30]			10. Name and Address of New Reg				
TER	RACCIANO, AUGUSTO	<del></del>		81	Name					
	89 S.W. 132 AVENUE		الم			and (D.O. Bou Niverboy to Not Accorded	ia\			
	WI FL 33186			82	Street Addi	ess (P.O. Box Number is Not Acceptab	e)			
MCV	TII 1 & VV (VV			83	·					
					C3			loc l	Zip Cod	40
				84	City		FL	85	zip Coo	Je .
office or re agent. I ar	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obligations.	2 and 607.1508, Florida Sta of Florida. Such change w stions of, Section 607.0505	atutes, the at as authorized , Florida Stat	oove d by utes	e-named corp the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of t the appo	changir sintmen	ng its re t as reç	egistered gistered
SIGNATURE	Signature, typod or printed name of registered age	nt and title if applicable. (	NOTE: Registeres	Age	ent signature require	ed when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			_
TITLE	D	☐ DELETE	1.1 10	LE				Char	ige [	Addition
NAME	TERRACCIANO, AUGUSTO		1.2 N/	ME						
STREET ADDRESS	14939 SW 132 AVENUE		1.3 \$		ADDRESS					
CITY-ST-ZIP	MIAMI FL 33126			1.4 CHY-ST						
TITLE	D	☐ DELETE	2.1 TI	LE				☐ Char	ige L	Addition
NAME	TERRACCIANO, MAGDIEL		2.2 N/	2.2 NAME						
STREET ADDRESS	14939 SW 132 AVENUE				ADDRESS					
CITY-ST-ZIP	MAMI FL 33188	The section		2. 4 CITY-ST-ZIP				100		I delica e
TITLE		☐ DELFTE	3.1 TO					Char	nge L	Addition
NAME			3.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE			ST - ZiP			Char	700	Addition
TITLE		L. DECEIE	4.1 10					LJ UIMI	ığıc L	AUVILION
NAME OTDEST APPROVA			4. 2 N		ADDRESS					
STREET ADDRESS										
CITY-ST-ZIP TITLE		DELETE	4.4 Ct		11-ZIP			Char	nge [	Addition
NAME		_ 20000	5.2 N/							
STREET ADDRESS			1		ADDRESS					
			5.4 Cl							-
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TI		n - Eil			Char	nge [	Addition
NAME			6.2 N/						_	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CI							
Olit-GI-TL		<u> </u>	V.4 U							

14. I do 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 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.