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

PROFIT CORPORATION ANNUAL REPORT

1997

14. I do hereby certify the information indicated Lam an officer of dirappears in Book 12

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600005479 (6)

ATLAS MEDIA GROUP, CORP.

Principal Place of Business 7305 NW 12TH STREET MIAMI FL 33126	Mailing Address 7305 NW 12TH STREET MIAMI FL 33126-1910					
				3. Date incorporated or Qualified 3 01/16/1996	a. Date of Last Rep	or1
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 65 - 0636 904	<u> </u>	ed For
Suite, Apt. #, etc.	Suite, Apt #, etc.				. CQ 75 Ad	Applicable ditional
22	27			5. Certificate of Status Desired	Fee Requ	
City & State	City & State			6. Election Campaign Financing	\$5.00 M	
Zip Country	<b>28</b>	Country		Trust Fund Contribution  8. This corporation has liability for inter		
24 25	29	30			es Kandora. I	35.00Z,
9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent	
CUCULIANSKY, CARLOS		81	Name			
#865 NW 12TH STREET MIAMI FL 33126		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
· · · · · · · · · · · · · · · · · · ·		83			4-1	
7305		84	City		85 Zip Co	de
11, Pursuant to the provisions of Sections 607 0502			-		FL	
agent, I am familian with, and accept the obligation of the state of t	t and title if applicable (NO			ured when reinstaling) E ADDITIONS/CHANGES TO OFFICER:	DATE S AND DIRECTORS	IN 12
ni.e PD	DELETE	1,1 TITLE			☐ Change	Addition
NAME CUCULINSKY, CARLOS		1.2 NAME				
STREET ADDRESS 7305 NW 12TH STREET  CDY ST-ZIP MIAMI FL 33126		1.3 STREET				
CHY-ST-749 MIAMI PL 33128	DELETE	1.4 CITY - S 2.1 TITLE	1-218		☐ Change	Addition
SANDOVAL, BERNARDO		22 NAME				
STREET ADDRESS. 7305 NW 12TH STREET		2.3 STREET	ADDRESS		:	
D(IY-S*-Z#) MIAMI FL 33126	DELETÉ	2. 4 CITY -: 3.1 TITLE	31 - ZIP	1 · · ·	Change	Addition
THE NAM:		3.7 THE			Land Street	LL MOORION
STREET ADDRESS		3.3 STREE	ADDRESS			
City-St-ZiP		3.4, CITY -	S1 - ZIP			
TIST	☐ DEL€TE	4.1 TITLE			Change	Addition
NAME STREET ALORI ST		4. 2 NAME 4.3 STREET	ADDDECC			
014-87-7IP		4.5 STILLE				
TIFLE	DELETE	5 1 TITLE	***************************************		Change	Addition
NAME		52 NAME				
STHELL ADDRESS		5.3 STREET	. 1			
C(1) - S(- 2)     1) U(1)	DELETE	54 CITY - 5 61 TITLE	i - ZiP		Change	Addition
NAME	hand straight the	6.2 NAME			<u></u>	
SMELL ADDRESS		6.3 STREE	ADDRESS			
City St-78		6.4 CITY - 5	IT-ZIP		<del></del>	
14. I do hereby certify the the information supplied information indicated on this angular report or s. I am an officer or director of the popporation or	l with this filing does not qua unolomental annual report is	ility for the exe true and acc	mption state urate and tha	ed in Section 119.07(3)(i), Florida Statutes. I at my signature shall have the same legal ef	turther certity that the fect as if made unde	e er oath; that