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 # P96000035822 (1)

ATI ANTIC INVESTMENTS OF SOUTH FLORIDA, INC.

		Mailing Address 19701 SW 197TH AVEN MIAMI FL 33187-5319	IUE				
						3. Date Incorporated or Qualified 3a. D 04/24/1996	ate of Last Report
Principal Place of Business The Principal Place of Business		2a. Malling Address 26	[]			4. FEI Number 65-0737051	Applied For Not Applicable
Suite, Apt. #, atc. 22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7ip 24	Country 25 9. Name and Address of Curre	Zip 29 29 ant Registered Agent	30	ountry		This corporation has flability for intangible Florida Statutes Name and Address of New Registered	□ No
QE:		in ringiniorda rigorit		81	Name	10. Italia and Address of Note Togetone	Agoin
SERFATY, CHARLES S 4330 SHERIDAN STREET STE 202B					Decree Andre	(0.0 Day)	
HOLLYWOOD FL 33021				82	Street Add	ress (P.O. Box Number is Not Acceptable)	
110	CETTION TO COULT			83			
ļ				84	City	FL	85 Zip Code
11. Pursuant office or agent. I SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the Statian familiar with, and accept the oblig stream of registered agents.	gations of, Section 607.0505,	Florida St	atutes	3 .	poration submits this statement for the purpose of tion's board of directors. I hereby accept the apparent of the statement of the purpose of the statement of the purpose	If changing its registered pointment as registered
12,		ND DIRECTORS	13		mi signature requ	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PSD	DELETE		TITLE			☐ Change ☐ Addition
NAME	MEDEROS, JUAN		1.2	NAME			
STREET ADDRESS	ALE AND A MARK AND A AND A AND AND AND AND AND AND AND			1.3 STREET ADDRESS			
011Y+S1+7/P	MIAMI FL 33187		14	CITY-S	T-ZIP	·	
1014	VTD DELETE		21	21 TITLE			☐ Change ☐ Addition
NAME	MEDEROS, MARIA E			2.2 NAME			
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			2.3 STREET ADDRESS			
CHTY-S1-ZIP	MIAMI FL 33187			CITY-5	ST-ZIP	<u></u>	
THILE		DELETE		TITLE			Change Addition
NAME	1		4 '	NAME			
STREET ADDRESS					ADDRESS		
CHY-S1-20F TITLE		DELETE		CITY-S TITLE	51-ZIP		Change Addition
NAME		T percer		NAME	Ì		Li brango Lii Abarean
STREET ADDRESS					ADDRESS		ļ
CHY-S1-7IP				CITY-S	J		1
TILE		DELETE		TITLE	· KH		Change Addition
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STHEET ADDRESS					ADDRESS		ĺ
CITY-ST-7IP	1			CITY-S			
TITLE		DELETE		TITLE			Change Addition
NAME			- 1	NAME	[•
STREET ADDRESS					ADDRESS		

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 undicated 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 path; 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 12 or Block 13 if changed or on applicationment with an address.

SIGNATURE:

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-97

18057 254-1458

FILED

Apr 07 1997 8:00am

Secretary of State

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