

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90251 028 ***150.00

DOCUMENT # P96000047789

1. Corporation Name

ATLANTIC REAL ESTATE SERVICES, INC.

Principal Place of Business

C/O MARQUEZ & FERNANDEZ, P.A.
#548
MIAMI FL 33126
US

Mailing Address

782 NW LE JEUNE RD.
#548
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1996

4. FEI Number

65-0686545

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

C/O Nicolas Fernandez, P.A.

Suite, Apt. #, etc.

780 NW LeJeune Rd Ste 324

City & State

Miami, Florida

Zip

33126

Country

USA

2a. Mailing Address

780 NW Le Jeune Rd

Suite, Apt. #, etc.

Suite 324

City & State

Miami, Florida

Zip

33126

Country

USA

9. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES INC.
782 NW LE JEUNE RD.
#548
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

Esquire Corporate Services, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

780 NW LeJeune Rd Ste 324

83

84 City

Miami

FL

85 Zip Code

33126

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

Ana Marquez-Fernandez
Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

DATE

3-8-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DPST
DIAZ, TERESA D
STREET ADDRESS
4026 ESTEPONA AVE.
CITY-ST-ZIP
MIAMI FL 33178

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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Change ☐ Addition

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Change ☐ Addition

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Change ☐ Addition

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Change ☐ Addition

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Change ☐ Addition

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Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 305-461-0404
Date Daytime Phone #

CR2E034 (11/98)