

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

FILED
Jun 11 1997 8:00am
Secretary of State

DOCUMENT # P96000047929 (0)

1. Corporation Name

ATLANTIK WHOLESALE & DIST. CO.



Principal Place of Business

2075 N.E. 184TH ST.
SUITE 310
NO. MIAMI FL 33162

Mailing Address

2075 N.E. 184TH ST.
SUITE 310
NO. MIAMI FL 33162-4146

2. Principal Place of Business

21 835 W. SAMPLE RD

Suite, Apt. #, etc.

22

City & State

23 POMPANO BCH. FL

Zip

24 33064

Country

25 U.S.A.

2a. Mailing Address

26 3691 TURTLE RUN BLVD

Suite, Apt. #, etc.

27

City & State

28 CORAL SPRINGS FL

Zip

29 33067

Country

30 U.S.A.

3. Date Incorporated or Qualified

06/05/1996

3a. Date of Last Report

4. FEI Number

650680218

Applied For

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

KASSIM, KARIM
3313 MALLARD CLOSE
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

KARIM KASSIM

82

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

1412 AVON LN. #1-22

83

84

City

NORTH LAUDERDALE FL

85 Zip Code

33068

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]

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

6/14/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME KASSIM, KARIM
STREET ADDRESS 3313 MALLARD CLOSE
CITY-ST-ZIP POMPANO FL 33064

TITLE ☐ DELETE

D
NAME MORANI, AHMED
STREET ADDRESS 2075 N.E. 184TH ST. #310
CITY-ST-ZIP N MIAMI BEACH FL 33162

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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

KASSIM, KARIM
1412 AVON LN #1-22
NORTH LAUDERDALE, FL 33068

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

AHMED MORANI
3691 TURTLE RUN BLVD #416
CORAL SPRINGS FL 33067

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

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE

[Signature]

6/14/97 650680218

CR2E034 (9/96)