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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P96000059187**1. Corporation Name

ATLANTIC GLOBAL MARKETING, INC.

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90236 005 ***150.00



Principal Place of Business Mailing Address								,	
16780 N.E. 4TH PLACE Miami Fl 33162			16780 N.E. 4TH PLACE MIAMI FL 33162				DO NOT WRITE IN 1	HIS SPACE	
							3. Date Incorporated or Qualifed	THOUTAGE	-
							07/15/1996		
	(D)	1 2	Mailing Address				4. FEI Number		oplied For
2. Principai Pi ∵⊐	ace of Business		Mailing Address				65-0694482	<u> </u>	ot Applicable
<u> </u>			Suite, Apt. #, etc.				05 0034402		Additional
Suite, Apt. #, etc.			27				5. Certifcate of Status Desired		equired
City & State			City & State				6. Election Campaign Financing	\$5.00	May Be
3		28					Trust Fund Contribution		to Fees
Zip	Country		Zip	Cou	intry		8. This corporation owes the current year	ır İntangible	
4	25	29		30			Personal Property Tax.	Yes	□No
···	9. Name and Address of Curre	nt Regis	stered Agent				10. Name and Address of New Registe	red Agent	
					81	Name			
COLLETT, MIRI					82	Street Addr	s (P.O. Box Number is Not Acceptable)		
16786 N.E. 4TH PLACE						Ou bot 7 to			- -
NOR	TH MIAMI BEACH FL 33166				83				1
					84	City		85 Zip	Code
					1	'		┡┖┈┊	
office or s	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	ant Flori	da. Such change was a	authonzeo	NO C	the corporation	poration submits this statement for the purposon's board of directors. I hereby accept the a	e of changing its ppointment as re	s registered egistered
SIGNATURE							ad when reinstating) DAT		
	Signature, typed or printed name of registered ag			E: Registered	Agen	it signature require	ADDITIONS/CHANGES TO OFFICER:		ORS IN 12
12.	PSTD OFFICERS A	אט טואנ	DELETE	1.1 TI	TIF		ADDITIONO/OFIANGES TO CITTOET	Change	Addition
TITLE	COLLETT, MIRI			1.2 N				_ ,	_
NAME	16786 N.E. 4TH PLACE					T ADDRESS			
STREET ADDRESS	NORTH MIAMI BEACH FL 33	162			TY-S				
CITY-ST-ZIP TITLE	NORTH MIAMI BEACH FE 33	102	☐ DELETE	2.1 TI		1-214		☐ Change	☐ Addition
			<u></u>	2.2 N					}
NAME STREET ADDRESS						TADDRESS			1
	•			- 1		ST-ZIP			
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NAME				32 N	AME				
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CITY-ST-ZIP						ST-ZIP			
TITLE		 ,	☐ DELETE	4.1 TI	_			Change	Addition
NAME				4.21	AME				ļ
STREET ADDRESS				4.3 \$	TREE	TADDRESS			
CITY-ST-ZIP				4.4 C	TY-S	T-ZIP			
TITLE			☐ DELETE	5.1 TI				Change	☐ Addition
NAME				5.2 N	AME				
STREET ADDRESS				5.3 S	TREE	TADDRESS			
CITY-ST-ZIP						T-ZIP			
TITLE			☐ DELETE	6.1 T	TLE			Change	☐ Addition
NAME				6.2 N	AME				
STREET ADORESS				6.3 S	TREE	TADORESS			
CITY-ST-ZIP				6.4 C	∏Y-S	T-ZIP			

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;