### 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 # P96000060774 (2)

#### ATLANTA CORPORATION

Principal Place of Business

Mailing Address

## FILED Apr 14 1997 8:00am Secretary of State



SAUSO BELO 04/07/97 (305) 937-4953

25 S.E. 2ND AVE. SUITE 410 MIAMI FL 33131			25 S.E. 2ND AVE. SUITE 410 MIAMI FL 33131-1510				3. Date incorporate 07/19/1996	ed or Qualified	<b>3a.</b> Da	ate of Last F	Report		
2. Principa <u>-</u> P	hace of Busin	ess		2a.	Mailing Address		T -		4. FE Number		<u> </u>	T TA	pplied For
11798ONE 315 COURT					28. Malling Address 26 17980 NE 31 Sover				65-068	3012		<b> </b>	ot Applicable
Suite, Apt. #. etc 2  # 1307				Suite, Apl. #, etc. 27 # 1307 City & State 28 AVENTURA - FL			5. Certificate of Sta	X	\$8.75 Additional Fee Required				
City & State  AVENTURA - FL							6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				•		
37 B3/	160	Country <b>25</b> 4 8	·····	29	33160	30 Co	untry	USA	8. This corporation Florida Statutes		Yes [	] No	s. <b>19</b> 9. <b>0</b> 32,
DCI .	e recognisación com ación	and Address	of Curren	t Registe	ered Agent		81	Nama	10. Name and Add		gistered .	Agent	
	O, IALDO R E OND AV	Æ					01		BELD, IAC	<b>એ</b> 0			
25 S.E. 2ND AVE. SUITE 410								Street A	ddress (P.O. Box Number	is Not Acceptat	ole)		
	MI FL 3313	1					83	1700	2.57		2		
	.,,, , _ 00 10	•						1/980	NE 31E	C001	(T #	<del>-</del> /30	7
							84	City	VENTURA		FI	85 Zip	Code 3 160
11. Pursuant	to the provis	ions of Section	is 607.050	2 and 60	7.1508, Florida Statu	ites, the i	abovi	a named c	ornoration submits this etc	tomont for the r	uroono ol	obonoino i	to sociatoroal
office or r agent. La	registered aç ım familiar wi	jent, er both, ir Thi and accept	i the State t the obliga	of Florida itions of	a. Such change was Section 607.0505, F	authoriza Iorida Sta	ed by atutes	y the corpo s.	ration's board of directors	. I hereby accer	ot the app	ointment as	registered
SIGNATURE													
	Signature typed	or penjed name of						ent signature re	quired when reinstating)		DATE		
12.	PO	OFF	ICERS AND	DIRECT		13.		·	ADDITIONS/CHAI	NGES TO OFFIC	ERS AND		
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1016					DELETE			31-211				Change	Addition
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1016					DELETE		TITLE	51 E.I	***************************************		<del></del>	Change	Addition
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City - ST - Ziff			/				OTY-S			·			
0011-51-216 <b>14.</b> Edo herek	by certify that	t the information this annual	n supplied	J with this	s filing does not qua	lily for the	PYP	motion sta	ted in Section 119.07(3)(i) nat my signature shall hav	Florida Statute	s. I further	certify that	the