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

PROFIT
CORPORATION
ANNUAL REPORT
1997

CITY-ST-ZIP

14. I do hereby certify that the in information indicated on this I am an officer or director of appears in Block 12 or Blogs



FLORIDA DEPARTMENT OF STATE

FILED

May 21 1997 8:00am

Secretary of State

A PROPERTY AND LINES BEFOR ADDRESS ADDRESS FOR THE PROPERTY (\$100 SERVE FORE THE FORE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000090338 (0)

ATLANTIC SOUTH DEVELOPERS, INC.

| 6: : | | | | | | |
|---|---|---|-------------------------------------|--|--|--|
| Principal Place of Business Mailing Address | | | | | 7 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| 12651 | | 12651 S DIXIE HWY SUITE 209 MIAMI FL 33156-5955 | | | | |
| | | | | Date Incorporated or Qualified 11/04/1996 | 3a. Date of Last Report | |
| _ | l Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | | 65-0733569 | Not Applicable | |
| 22 | pt. #, etc. | Suite, Apt. #, etc. 27 | W | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & S | lale | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation has liability for | | |
| 24 | 25 | 29 | 30 | | Yes No | |
| - | 9, Name and Address of Cu | rrent Hegistered Agent | 81 Name | 10. Name and Address of New Re | gistered Agent | |
| | EGLER, JAMES | | Name | | | |
| 12651 \$ DIXIE HWY SUITE 209 | | | 82 Street Ad | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| MIAMI FL 33156 | | | 83 | | | |
| *** | | | 84 City | | 85 Zip Code | |
| | | | | | - | |
| 11. Pursua office e | nt to the provisions of Sections 607 or registered agent, or both, in the S | .0502 and 607.1508, Florida Statu | ites, the above-named co | orporation submits this statement for the pration's board of directors. I hereby accer | ourpose of changing its registered | |
| agent. | I am familiar with, and accept the o | bligations of, Section 607.0505, F | lorida Statutes. | and is board of offectors. Thereby dode, | of the appointment as registered | |
| SIGNATURI | | | | | | |
| 12. | Signature, typed or printed name of registere OFFICERS | AND DIRECTORS (NO | IE: Brigistered Agent signature rec | ADDITIONS/CHANGES TO OFFIC | DATE DEBS AND DIRECTORS IN 12 | |
| TITLE | DP | DELETE | 1.1 TITLE | ADDITIONAL TO OFFICE | Change Addition | |
| NAME | RODRIGUEZ, ANDRES | | 1.2 NAME | | , | |
| STREET ADDRES | 444-4 A BUSE 18404 ALIES | 209 | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MAMI FL 33156 | | 1.4 CITY - ST - ZIP | | | |
| TITLE | DS . | ☐ DELETE | 2.1 TITLE | | Change Addition | |
| NAME | RODRIGUEZ, ANDRES | | 2.2 NAME | . • | | |
| STREET ADDRES | | 209 | 2.3 STREET ADDRESS | • | | |
| CITY-ST-ZIP | MIAMI FL 33156 | | 2. 4 CITY - S1 - ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change Addition | |
| NAME | | | 3.2 NAME . | | Ì | |
| STREET ADDRES | s | | 3 3 STREET ADDRESS | , | | |
| CITY-ST-ZIP | | DELETE | 3.4. C(TY-\$1-Z(P) | <u> </u> | Channa Addition | |
| TITLE NAME | | r nerc+c | 4.1 TIFLE | | Change Addition | |
| STREET ADDRES | e | | 4 2 NAME 4.3 STREET ADDRESS | | , | |
| CITY-ST-ZIP | ° | | 4.4 City - St - ZIP | • | .^ | |
| TITLE | | DELETE | 5.1 TITLE | <u> </u> | Change Addition | |
| NAME | | <u> </u> | 5.2 NAME | IID (| 1/ | |
| STREET ADDRES | s | | 5.3 STREET ADDRESS | \mathbf{V}_{I} | ,> | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | Δ, | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition | |
| NAME | | | 6.2 NAME | 20000220 | 1902 | |
| CYDEET ANDRES | r | | C & CID:(1 4D20EC6 | -06/04/970109 | 39015 l | |

h his filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the amendal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that reference or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name