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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000090677 (1)**

1. Corporation Name
A.T.2.B, INC.

Principal Place of Business	Mailing Address
5201 BLUE LAGOON DR., STE. 100 MIAMI FL 33126	5201 BLUE LAGOON DR., STE. 100 MIAMI FL 33126-2065

3. Date Incorporated or Qualified: 11/05/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2200 NE 28th Ave	26 2200 NE 28th Ave
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale FL
Zip / Country 24 33305 / 25	Zip / Country 29 33305 / 30

4. FEI Number: 65 -0724943 ☑ 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	10. Name and Address of New Registered Agent
BOURGOIGNIE, TRISTAN 5201 BLUE LAGOON DR., STE. 100 MIAMI FL 33126	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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: P. Tristan Bourgoignie — 2/17/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Brocvielle, Andree	1.2 NAME	
STREET ADDRESS	2200 NE 28th Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33305	1.4 CITY-ST-ZIP	
TITLE	Vice-President ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Brocvielle, Jean-Marie	2.2 NAME	
STREET ADDRESS	2200 NE 28th Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33305	2.4 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	P. Tristan Bourgoignie	3.2 NAME	
STREET ADDRESS	5201 Blue Lagoon Dr., #100	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	3.4.97
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	800002104798 -03/05/97--01015--048 ***165.00
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Andree Brocvielle, Pres. 2/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #