

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

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 33128 5201 BLUE LAGOON DR., STE. 100  
MIAMI FL 33128

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1996

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 2200 NE 28<sup>th</sup> AVE

26 2200 NE 28<sup>th</sup> AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 F

27

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

Zip

Zip

24 33306

29 33306

Country

Country

25

30

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 33128

81 Name

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

701 BRICKELL AVE, #1900

83

84

City MIAMI

FL

85 Zip Code 33131

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 TRISTAN BOURGOIGNIE

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

(NOTE: Registered Agent signature required when reinstating)

1/22/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME BROCVIELLE, ANDREE  
STREET ADDRESS 2200 NE 28TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33305

TITLE VP  
NAME BROCVIELLE, JEAN-MARIE  
STREET ADDRESS 2200 NE 28TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33305

TITLE S  
NAME BOURGOIGNIE, TRISTAN P  
STREET ADDRESS 5201 BLUE LAGOON DR., #100  
CITY-ST-ZIP MIAMI FL 33128

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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.

SIGNATURE: P. TRISTAN BOURGOIGNIE, Sect.

1/22/98

CR2E034 (10/97)