FROM : A. T. 2. B. , INC. PHONE NO. : 954 563 8

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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2 8 6 4 5 2 *
286452 - 90059 - 46

DOCUMENT # **P96000090677**

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

Principal Place of Business	Mailing Address
2200 NE 28TH AVE FT LAUDERDALE FL 33305 US	2200 NE 28TH AVE FT LAUDERDALE FL 33305 US

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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BOURGOIGNIE, TRISTAN
701 BRICKELL AVE #1900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name PATRICK VIVIES, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 500 E. Dania Blvd
83
84 City DANIA FL 85 Zip Code 33004

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 [signature] 2/30/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ 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	VP	☐ 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	S	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOURGOIGNIE, TRISTAN P		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		
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		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: [signature] 3.5.99 PRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #