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FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000097525 (5)

1. Corporation Name
ATLANTIC SERVICES LIMITED, CORP.

Principal Place of Business	Mailing Address
~~9300 NW 25 STREET #109~~ ~~MIAMI FL 33172~~	~~9300 NW 25 STREET #109~~ ~~MIAMI FL 33172-1506~~

3. Date Incorporated or Qualified: 12/03/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 1850 N.W. LeJeune Rd.
22: Suite, Apt. #, etc.
23: City & State: Miami, Fl. 33126
24: Zip: 33126 25: Country: USA.

2a. Mailing Address
26: 1850 N.W. LeJeune Rd.
27: Suite, Apt. #, etc.
28: City & State: Miami, Fl. 33126
29: Zip: 33126 30: Country: USA.

4. FEI Number: 65-0710721 ☐ 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
~~GARRIDO, RANIER A~~
~~9300 NW 25 STREET #109~~
~~MIAMI FL 33172~~

10. Name and Address of New Registered Agent
81 Name: Lindsay Dunkley
82 Street Address (P.O. Box Number is Not Acceptable): 717 Ponce De Leon Blvd. #310
83
84 City: Coral Gables FL 85 Zip Code: 33134

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: X ~~D.~~ Lindsay Dunkley (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) X 4/29/97 (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~V.P.~~	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	GARRIDO, RANIER		1.2 NAME		
STREET ADDRESS	~~9300 NW 25 STREET #109~~		1.3 STREET ADDRESS	1850 N.W. LeJeune Rd.	
CITY-ST-ZIP	~~MIAMI FL 33172~~		1.4 CITY-ST-ZIP	Miami, Fl. 33126	
TITLE	President	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ADalberto CRUZ		2.2 NAME		
STREET ADDRESS	1850 N.W. LeJeune Rd.		2.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, Fl. 33126		2.4 CITY-ST-ZIP		
TITLE	Treasure	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	Barbara Brito		3.2 NAME		
STREET ADDRESS	1850 N.W. LeJeune Rd.		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 (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: X ~~D.~~ Barbara Brito (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) X 4/29/97 (Date) X (305) 461 4460 (Daytime Phone #) 0004393