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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 09 1998 8:00am

Secretary of State

Change

Change

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Addition

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Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700002711 (4)

ATLANTIC MEATS, INC.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY+ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

TITLE

NAME

Principal Place of Business Mailing Address 1034 WEST ATLANTIC AVENUE 1034 WEST ATLANTIC AVENUE DELRAY BEACH FL 33444 DELRAY BEACH FL 33444			E	DO NOT WRITE IN THIS SPA 3. Date Incorporated or Qualified	CE	
L				01/10/1997		
				4. FEI Number 65 - 07195 85	Applied For Not Applicable	
				5. Certificate of Status Desired	8.75 Additional Fee Required	
	City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
	Zip Country 25	29 30	Country	8. This corporation owes or has paid the current Personal Property Tax due June 30.	, _ ,	
g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
CORTES, HECTOR 1101 HAMTON BLVD. POMPANO BEACH FL 33068			81 Name LOURDES VARELA 82 Street Address (P.O. Box Number is Not Acceptable) 83 1703 FORESTAY DR			
11. Pursuant to the provisions of Sections 607.050¢ and 607.1568. Floride 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 obviousing of, Section 607.0505, Florida Statutes. SIGNATURE Signature, trylid or primite name of registered agent and talle if applicative. (NOTF Registered Agent signature required when reinslating) DATE.						
-	12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIF		
ł	TITLE	DELETE 1.		· / /	Change	
	00125111201011		.2 NAME	ourdes varela		
1	***************************************		.3 STREET ADDRESS . 7	703 FORESTAY DR.		
-			4 CITY-ST-ZIP	LAKE WOLTH, FL. 3346/-0	000	
	TITLE		.1 TITLE		Change	
	NAME	2	2 NAME			
1	STREET ADDRESS	2	3 STREET ADDRESS		ļ	

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

CITY-ST-ZIP

14. Thereby 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 frue 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 of the corporation of the corporation of the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 or an attachment with an address.

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