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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

DOCUMENT # P97000008783

1. Corporation Name
ATQ INTERNATIONAL, INC.



Principal Place of Business Mailing Address
 12615 SW 91 ST. 12615 SW 91 ST.
 MIAMI FL 33186 MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
01/27/1997
 4. FEI Number Applied For
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

9. Name and Address of Current Registered Agent

BROUWER, IRAIDA R
 12615 SW 91 ST.
 MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name **CARLOS A. RUIZ**
 82 Street Address (P.O. Box Number is Not Acceptable)
12615 SW 91 ST
 83
 84 City **MIAMI** FL 85 Zip Code **33186**

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]* DATE **4/30/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	RAMIREZ, LUZMILA	12615 SW 91 ST.	MIAMI FL 33186	<input type="checkbox"/>
DV	MALCA, MARIA E	12615 SW 91 ST.	MIAMI FL 33186	<input checked="" type="checkbox"/>
DS	PINILLOS, PATRICIA	12615 SW 91 ST.	MIAMI FL 33186	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
VICE PRESIDENT	CHUMAN, ROSA MARIA	12615 SW 91 ST	MIAMI, FL 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Director / Secretary	CARLOS A. RUIZ	12615 SW 91 ST.	MIAMI, FL 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREASURER	CHUMAN, CARLOS J.	12615 SW 91 ST	MIAMI, FL 33186	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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]* DATE: **4/30/99** DAYTIME PHONE: **305-598-5833**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)