## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000043137 (3)

ATLANTICOMM OF SAGABAY, INC.

## FILED May 15 1998 8:00am Secretary of State

Principal Place of Business Mailing Address			<del></del>		(1101 (1066 1111) (001 (08)	
13850 SW 88 ST Miami FL 33186		13850 SW 88 ST Miami Fl 33186		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified			
				05/15/1997		
2. Principal Place of Business		2a. Mailing Address 26 15540 Sw 156 Avenuer		4. FEI Number 65-0753475	Applied For	
Suite, Apt. #, etc.		26 13.540 S40 156 Michigan Suite, Apt. #, etc.		65,0,024,0	Not Applicable  \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Regulred	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28 Micresi; FK		Trust Fund Contribution	Added to Fees	
Zip	Country	7ip 85/8/1	Country	8. This corporation owes or has paid the curr		
24	25 25 Current	[28]	30 SADE	Personal Property Tax due June 30. 44  10. Name and Address of New Registered A	Yes No	
041 21						
AMERILAWYER CHARTERED Q43 ALMERIA AVENUE			DAU.	82 Street Address (P.O. Box Number is Not Acceptable)		
			18450			
83						
			84 City		85 Zip Code	
1 100			(DW) FL	1 33/86 1		
11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08, 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, typy day printed name of registered ag	os and the flam he ship. (N	DAY INDOOR WAS	1, 2, 7,	? <b>/</b>	
Signature, 1917 St. Printed name of registered agent and title it applicable. (NOTE Registere  12. OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	DPST	DELETE	1.1 TITLE		Change Addition	
NAME	<b>Sjn</b> gh, Davinder P		1.2 NAME		)	
STREET ADDRESS	13850 SW 88 ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186	T briere	1.4 CITY - ST - ZIP		Obacan Maddistan	
TITLE	DV	☐ DELETE	2.1 TITLE	l	Change Addition	
NAME STREET ADDRESS	SINGH, JATINDER P 13850 SW 88 ST		2.2 NAME 2.3 STREET ADORESS			
CITY-ST-ZIP	MIAMI FL 33186		2.4 CITY-ST-ZIP			
TITLE	DV	DELETE	3.1 TITLE		Change Addition	
NAME	SINGH, HARINDER P		3.2 NAME			
STREET ADDRESS	13850 SW 88 ST		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33188		3.4 CITY-ST-ZIP			
TITLE	V 1005	☐ DELETE	4.1 TITLE	ł	Change Addition	
NAME	MORA, JOSE		4. 2 NAME			
STREET ADDRESS	13850 SW 88 ST MIAMI FL 33186		43 STREET ADDRESS			
CITY-ST-ZIP TITLE	MIAMI FL 33100	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
NAME		22	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	_		
TITLE		☐ DEL <b>et</b> e	6.1 TITLE		Change Addition	
NAME			6.2 NAME		ļ	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	andifu that the information countied	ith this filing does not graff.	for the exemption stated in	Section 110 07/2(i) Florido Statutas Hurther and	tifu that the information	
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 eath; 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.						