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

**PROFIT CCRPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90164 027 \*\*\*150.00

1999 DOCUMENT # P9700062613

ATLANTIC INDUSTRIAL SUPPLY CORP.

Principal Place of Business Mailing Address					T 1980 1100 110 10151 30011 00161 00611 00514 001.0 01150 11010 01101 11000 1101	
•		Mailing Address				
7500 NW 41ST ST STE #108 MIAMI FL 33166 US		7500 NW 41ST ST STE #108 Miami FL 33166 US			DO NOT WRITE IN TH	S SPACE
					3. Date Incorporated or Qualifed 07/18/1997	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Nu nber	Applied For
21		26			65-0768053	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired	\$8.75 Ac ditional Fee Required
City & S at	Α	City & State			6. Election Campaign Financing	\$5.00 Nay Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Co	untry	8. This corporation owes the current year	ntangible
24	25	29	30		Personal Property Tax.	∐Yes []No
-	9. Name and Address of Curre			T	10. Name and Address of New Registere	J Agent
ALOM, ALFREDO E 7500 NW 41ST ST STE 108 MIAMI FL 33166				83	ress (P.O. Box Number is Not Acceptable)	. 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florida Stati	ies, the	84 City above-named corporation	poration submits this statement for the purpose on's board of cirectors. I hereby accept the app	of changing its registered
1	m familiar with, and accept the oblig	gations of Section 607.8505, F	lorida Sta	tutes.	on's board of cirectors. I hereby accept the app  ## 23 - 9  ad when reinstating)  DATE	9
SIGNATURE	Signature, typed or printed na ne of registered as	gent and title if applicable. (NOT	II. Registere	d Agent signature require	ed when reinstating) DATE	<u> </u>
12. 7		NE DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS /	ND DIRECTORS IN 12
TITLE /	VT	☐ DELETE	1.1	TITLE		☐ Change ☐ Addition
NAME /	ALOM, ALFREDO E		1.21	NAME		
STREET ADDRESS	600 NW 43RD COURT		1.3 3	STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		1.4 (	CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1	ITLE		Change Addition
NAME	GOMEZ, JORGE		2.21	NAME		
STREET ADDRESS	600 NW 43RD COURT		2.3	STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		2.4	CITY-ST-ZIP		
TITLE	S	XX DELETE	3.1	TILE		☐ Change ☐ Addition
NAME	ISLESIAS, ALFREDO		3.21	NAME		
STREET ADDRESS	4817 SW 152ND COURT		3.3	STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33185		3.4.	CITY-ST-ZIP		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ DELETE		TITLE		Change Addition

CITY-ST-ZIP 14. I herety certify that the informa ion supplied with this filting 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 appears 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 changes, or on an attact ment with an address, with all other like empowered.

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

☐ DELETE

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

44 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NING OFFICE 3 OR DIRECTOR

Change

☐ Change

☐ Addition

☐ Addition