1/8/99 (305)947 2200

| | COR | PROFIT PORATION IAL REPORT 1999 | | FLÖRIDA DEPART Katheyini Secretary Division of CC | arvis teto | | | 4 | | | | JARY OF C | .ED Y OF STA ORPORA PM 1:: | | li5 | | |
|--|---|---|---------------------------------------|--|---------------|------------------|-------------|--------------|------------|--|----------------------|----------------------|-------------------------------------|-----------------------------|---------------------|------------------|--|
| 1. | DOCUMENT # P98000008577 1. Corporation Nama ATLANTIC INTERNATIONAL RESORTS, INC. | | | | | | | | | | <i>.</i> | , OC 1 | 21 | PM (:) | 27 | | |
|) ' ' | Principal Place of Business Melting Address 17001 COLUNS AVENUE 17001 COLUNS AVENUE | | | | | | | | | | | | | | | | |
| | MIAM BEACH FL 30160 MIAM BEACH FL \$3160 | | | | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/28/1998 | | | | | | | |
| _ | 2. Principal Place of Business 2a. Malling Address | | | | | | | 7 | | Number - O | | 16.1 | 4 | | | od For | |
| n | Sulta, Apl. 1 | Ø. etc. | Suite, Act. F. etc. | | | | | <u> </u> | | | | | \$8.75 | | pplicable Rional | | |
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| 501 | Žip | Country Zip Co | | | | | | | . This | corporati | - | the own | rent year | r Internation | | | |
| 24 | | 25 20 30 9. Name and Address of Current Registered Agent | | | | | | | | onel Pres | | | | ☐ Yes ed Agent | | No | |
| ļ | | | IS OF CONTENT PURE | Praced Volum | | 81 | Neme | | | · | | | AND PERSONS | AN COMIN | | | |
| AMERILAWYER | | | | | | | | Address | (P.O. 8 | car Numb | er is No | Accept | abla) | | | | |
| 343 ALMERIA AVENUE CORAL GARLES FL 23134 | | | | | | 85 | | | | | | | | | | | |
| COTOIL GROCES FL 43134 | | | | | | Ш | | | | | | | | | | | |
| | | | | | | 4 | | | | | | | 1 | -1 1 1 1 | p Cod | | |
| Furnished to the provisions of Septions 607.0502 and 507.1506, Florida Statutes, the showe-named corporation of negistered agent, or both, in the State of Florida, Such Change was sufficienced by the corporation agent. I arm familiar with, and accept the obligations of, Section 507.0506, Florida Statutes. | | | | | | | | | | | delemen e. i here | t for the by Bock | purpose of the ap | of changing pointment es | rogiu | deleted lered | |
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SIGNATURE: LUIS CRIA DO PRESIDENT

ATLANTIC INT'L RESORTS

17001 Collins Ave. SUNNY ISLES BEACH, FL. 33160 Ph: 305-947-4755 Fax: 305-947-4567

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O.BOX 6327 TALLAHASSEE, FL. 32314

October 18, 1999

Ref.- NOTICE OF DISSOLUTION

Gentlemen,

Reference is made to the above mentioned noticed we have just received and our conversation over the phone regarding the same.

As per your indications, please, find enclosed copy of the application we sent at due time along with a check in the amount of \$150.00 which was processed through our Bank.

We have included in this application the EIN number and we are asking you to maintain this Company active.

Thank you and look forward to hearing from you,

Yours truly,

Luis Criado President