

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90277 017 ***150.00

DOCUMENT # P98000012725

1. Corporation Name
ATLAS ADJUSTERS, CORP.



Principal Place of Business 2818 N.W. 101 STREET MIAMI FL 33147-1624		Mailing Address 2818 N.W. 101 STREET MIAMI FL 33147-1624		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 600 N.E. 36 th Street Suite, Apt. #, etc. 22 Suite # 206 City & State 23 Miami, Florida Zip 24 33137 Country 25 U.S.A. Miami-Dade		2a. Mailing Address 26 600 N.E. 36 th Street Suite, Apt. #, etc. 27 Suite # 206 City & State 28 Miami, Florida Zip 29 33137 Country 30 U.S.A.		3. Date Incorporated or Qualified 02/09/1998 4. FEI Number 65-081168 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent SANCHEZ, OMAR 2818 N.W. 101 STREET MIAMI FL 33147-1624				10. Name and Address of New Registered Agent 81 Name Sanchez, OMAR 82 Street Address (P.O. Box Number is Not Acceptable) 600 N.E. 36 th Street 83 Suite # 206 84 City Miami FL 85 Zip Code 33137	
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 <u>OMAR SANCHEZ, President</u> 04/26/99 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ, JOSE E		1.2 NAME		
STREET ADDRESS	2818 N.W. 101 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147-1624		1.4 CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ, OMAR		2.2 NAME		
STREET ADDRESS	2818 N.W. 101 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147-1624		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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:

OMAR SANCHEZ, President 04/26/99 305-438-0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)