FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S 68433 (9)

1. Corporation Name

All Atlantic Investments Inc

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified	3a. Date of Last Report
07-25-91	04-29-93

4. FEI Number: 65-0279516 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 9 Island Ave	26
Suite, Apt. #, etc. 22 Apt. # 1903	Suite, Apt. #, etc. 27
City & State 23 Miami Beach	City & State 28
Zip 24 33139 Country 25 U.S.A.	Zip 29 Country 30

9. Name and Address of Current Registered Agent

PINO, AURELIO N.
8500 W. FLAGLER ST
SUITE B-208
MIAMI FL. 33144

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3181 S.W. 140 AVE.
83
84 City MIAMI FL 85 Zip Code 33175

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	Aurelio Pino	1.2 NAME	
STREET ADDRESS	8500 West Flagler St A-101	1.3 STREET ADDRESS	3181 S.W. 140 AVE.
CITY-ST-ZIP	Miami Fl. 33144	1.4 CITY-ST-ZIP	Miami Fl. 33175
TITLE	V.P. ☒ DELETE	2.1 TITLE	C ☐ Change ☒ Addition
NAME	Prado Mary	2.2 NAME	Juan Rosas
STREET ADDRESS	8500 West Flagler St A-101	2.3 STREET ADDRESS	9 Island Ave Apt 1903
CITY-ST-ZIP	Miami Fl. 33144	2.4 CITY-ST-ZIP	Miami Beach, Fl. 33139
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	800001796568
STREET ADDRESS		4.3 STREET ADDRESS	-04/26/96--01081--015
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***200.00
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	4.26
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Aurelio Pino — 03-31-96 — (305)352-5852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #