

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

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V54452** (0)
1. Corporation Name
ATLANTICO, INC.



Principal Place of Business 3250 MARY ST SUITE 400 COCONUT GROVE FL 33133	Mailing Address 3250 MARY ST SUITE 400 COCONUT GROVE FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 701 WASHINGTON AVE.		2a. Mailing Address 701 WASHINGTON AVE.		3. Date Incorporated or Qualified 07/31/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0357427	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33139		Zip 33139		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country U.S.A.		Country U.S.A.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

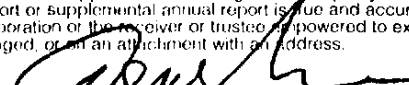
9. Name and Address of Current Registered Agent HOFFMAN, COREY E. 3250 MARY ST SUITE 400 COCONUT GROVE FL 33133				10. Name and Address of New Registered Agent			
				81 Name GENE MONTESANO			
				82 Street Address (P.O. Box Number is Not Acceptable) 701 WASHINGTON AVENUE			
				83			
				84 City MIAMI BEACH			
				85 Zip Code FL 33139			

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  **GENE MONTESANO, PRESIDENT** 1-27-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PTD			1.1 TITLE			
NAME	MONTESANO, GENE			1.2 NAME			
STREET ADDRESS	3250 MARY ST #400			1.3 STREET ADDRESS	701 WASHINGTON AVENUE		
CITY-ST-ZIP	COCONUT GROVE FL			1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MONTESANO, GENE			2.2 NAME			
STREET ADDRESS	3250 MARY ST. #400			2.3 STREET ADDRESS	701 WASHINGTON AVENUE		
CITY-ST-ZIP	COCONUT GROVE FL			2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MONTESANO, ARLENE			3.2 NAME			
STREET ADDRESS	3250 MARY STREET. #400			3.3 STREET ADDRESS	701 WASHINGTON AVENUE		
CITY-ST-ZIP	COCONUT GROVE FL			3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139		
		<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 owner 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:  **GENE MONTESANO, PRESIDENT** 1-27-98 (305) 673-2335

CR2E034 (10/97)