

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 26 PM 3:05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # V55997**

**(3)**

1. Corporation Name

**ATLAS TRADING CORPORATION**

Principal Place of Business

**7220 NW 36 ST  
636  
MIAMI FL 33166  
US**

Mailing Address

**7220 NW 36 ST  
636  
MIAMI FL 33166  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**08/07/1992**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**65-0354229**

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

**21 7500 NW 25TH ST.**

2a. Mailing Address

**26 1005 S.W. 87TH AVE.**

Suite, Apt. #, etc.

**22 206**

Suite, Apt. #, etc.

**27**

City & State

**23 MIAMI, FL.**

City & State

**28 MIAMI, FL.**

Zip

**24 33122**

Country

Zip

**29 33174**

Country

**30**

9. Name and Address of Current Registered Agent

**DE LA TORRE, MARIA  
7220 NW 36 ST  
636  
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**7500 N.W. 25TH ST., SUITE 206**

83

84 City

**MIAMI,**

**FL**

85 Zip Code

**33122**

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 officer 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PSD  
NAME DE LA TORRE, MARIA  
STREET ADDRESS 838 E 29 ST  
CITY - ST - ZIP HIALEAH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 110.07(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 recorder or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if provided, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARIA DE LA TORRE-PRESIDENT 4/18/95 (305)477-3262**

Date

(System Use Only)