

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M40604** (4)
1. Corporation Name
ATLANTIC SECURITY FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
C/O DIEGO BENAVIDES 801 BRICKELL AVE PH 2 MIAMI FL 33131	C/O DIEGO BENAVIDES 801 BRICKELL AVE PH 2 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/24/1986	3a. Date of Last Report 03/30/1994
4. FEI Number 59-2751287	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	29 Country

8. Name and Address of Current Registered Agent

**AVILA, ALCIDES I. ESQ.
701 BRICKELL AVE.
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 607.0509, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	CH
NAME	ROMERO, DIONISIO
STREET ADDRESS	ONE BISCAYNE TOWER #3400
CITY - ST - ZIP	MIAMI FL
TITLE	VCH
NAME	NICOLINI, LUIS
STREET ADDRESS	ONE BISCAYNE TOWER #3400
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	MONTERO, FERNANDO
STREET ADDRESS	ONE BISCAYNE TOWER #3400
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	MORALES, RAIMUNDO
STREET ADDRESS	ONE BISCAYNE TOWER #3400
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	RAFFO, JUAN F
STREET ADDRESS	ONE BISCAYNE TOWER #3400
CITY - ST - ZIP	MIAMI FL
TITLE	P
NAME	MUNOZ, CARLOS
STREET ADDRESS	ONE BISCAYNE TOWER #3400
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 liquidator thereof, and that I am duly 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: _____ DATE: **04/19/95** (305) 372-0762
(Name) (Signature/Title)

DIEGO BENAVIDES, B.D.P. CONTROLLER