

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 6/30: \$115 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 13 AM 8:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 750116 (6)
 1. Corporation Name
 THE ATRIUM GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 18001 NORTH BAY RD 18001 NORTH BAY RD
 SUNNY ISLES FL 33160-2762 SUNNY ISLES FL 33160-2762
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
 12/10/1979 04/26/1994
 4. FEI Number Applied For
 59-2270630 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
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status FILING FEE IS \$61.25
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 POLIAKOFF, GARY A
 6520 N. ANDREWS AVE.
 FT. LAUDERDALE FL 33310-6057

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS
 TITLE PD
 NAME MAYA, DAVID
 STREET ADDRESS 18001 N BAY RD #408
 CITY-ST-ZIP SUNNY ISLES FL
 TITLE TSD
 NAME PELLETIER, MICHEL
 STREET ADDRESS 18001 N BAY RD #208
 CITY-ST-ZIP SUNNY ISLES FL
 TITLE VPD
 NAME HOGUE, NORMAND
 STREET ADDRESS 18001 N BAY ROAD # 504
 CITY-ST-ZIP SUNNY ISLES 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 O ESPERANZA SOSA
 3.3 STREET ADDRESS 18001 N BAY ROAD # 302
 3.4 CITY-ST-ZIP SUNNY ISLES FL 33160
 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)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: *[Signature]* 7/7/95 9568011
 NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (3/95)