

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 APR 25 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S98193 (3)**

1. Corporation Name
ATLAS MOTIVATIONS, INC.

Principal Place of Business: **201 ALHAMBRA CR. 6TH FLOOR CORAL GABLES FL 33134**
Mailing Address: **201 ALHAMBRA CR. 6TH FLOOR CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/05/1991** 3a. Date of Last Report: **04/28/1994**
4. FEI Number: **65-0301251** 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
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **201 ALHAMBRA CIR** 2a. Mailing Address: **201 ALHAMBRA CIR**
22. Suite, Apt. #, etc.: **STE 802** 27. Suite, Apt. #, etc.: **STE 802**
23. City & State: **CORAL GABLES FL** 28. City & State: **CORAL GABLES FL**
24. Zip: **33134** 25. Country: **USA** 29. Zip: **33134** 30. Country: **USA**

9. Name and Address of Current Registered Agent
**RANKOW, TAMIR
201 ALHAMBRA CR.
6TH FLOOR
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81. Name: **RANKOW, TAMIR**
82. Street Address (P.O. Box Number is Not Acceptable): **201 ALHAMBRA CIR**
83. **STE 802**
84. City: **CORAL GABLES FL** 85. Zip Code: **33134**

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RANKOW, TAMIR
STREET ADDRESS	363 LAKE CREST COURT
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	D
NAME	HABER, NEAL
STREET ADDRESS	9201 SW 125TH TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FERRERAS, JOSE	
1.3 STREET ADDRESS	1541 BRICKELL AVE, #C-607	
1.4 CITY - ST - ZIP	MIAMI FL	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Neal N Haber **NEAL N HABER**
APR 21, 1995 (305) 444-6185
Date Daytime Phone #