FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:24

DOCUMENT # V26096 (0)

1. Corporation Name
ATRIUM, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 600817~~ ~~MIAMI FL 33160~~	P.O. BOX 600817 MIAMI FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/03/1992
3a. Date of Last Report: 02/25/1994

2. Principal Place of Business (21): 3079 NE 163 STREET
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23): NO. MIAMI BEACH, FL
City & State (28):
Zip (24): 33160
Country (25): USA
Zip (29):
Country (30):

4. FEI Number: 65-0331205 ☐ 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

9. Name and Address of Current Registered Agent

~~PREMIER ASSET MANAGEMENT~~
~~8049 NE 109RD STREET~~
~~N MIAMI BEACH FL 33160~~

10. Name and Address of New Registered Agent

81 Name: PREMIER ASSET MANAGEMENT, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 3115 NE 163 STREET
83:
84 City: NO. MIAMI BEACH FL 85 Zip Code: 33160

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: JACK AZOUT, PRES. 2/10/95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~C~~	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	~~AZOUT, GILDA~~	1.2 NAME	GILINSKI, SAUL	
STREET ADDRESS	~~3802 NE 207 ST. #1602~~	1.3 STREET ADDRESS	3000 ISLAND BLVD. #1805	
CITY-ST-ZIP	~~N. MIAMI BEACH FL~~	1.4 CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160	
TITLE	~~P~~	2.1 TITLE	S/D	☒ Change ☐ Addition
NAME	~~GILINSKI, SAUL~~	2.2 NAME	GILINSKI, FLORETTE	
STREET ADDRESS	~~3000 ISLAND BLVD. #1805~~	2.3 STREET ADDRESS	3000 ISLAND BLVD. #1805	
CITY ST ZIP	~~WILLIAMS ISLAND FL~~	2.4 CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(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 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: SAUL GILINSKI, PRES. 2/10/95 (305) 935-5175
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0206765 CP