FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 752772 (4)

1. Corporation Name

ATLANTIS ON BRICKELL CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
~~C/O SUMMIT PROP. MNGMNT.~~ ~~P.O. BOX 185018~~ ~~PLANTATION FL 33318~~	~~C/O SUMMIT PROP. MNGMNT.~~ ~~P.O. BOX 185013~~ ~~PLANTATION FL 33318~~

3. Date Incorporated or Qualified: 06/03/1980
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 c/o THE CONTINENTAL GROUP	26 c/o THE CONTINENTAL GROUP
Suite, Apt. #, etc. 22 12079 SW 131ST AVENUE	Suite, Apt. #, etc. 27 12079 SW 131ST AVENUE
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / Country 24 33186 / 25 USA	Zip / Country 29 33186 / 30 USA

4. FEI Number: 59-2212990 ☐ 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	10. Name and Address of New Registered Agent
~~SUMMIT PROPERTY MANAGEMENT, INC.~~ ~~6269 W. SUNRISE BLVD.~~ ~~SUITE 202~~ ~~SUNRISE FL 33313~~	81 Name: Florida Corporate Services, Inc. 82 Street Address (P.O. Box Number is NOT Acceptable): 800 Brickell Ave. #1100 83 84 City: Miami, FL FL 85 Zip Code: 33131

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: Florida Corporate Services, Inc. By: Jeffrey D. Rubinstein, V.P. 4/11/96
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	VDO	☑ DELETE	1.1 TITLE	VDO	☑ Change ☐ Addition
NAME	~~SCHUSTER, OSKAR~~		1.2 NAME	JACOB GERWITZ	
STREET ADDRESS	2026 BRICKELL AVE, 606		1.3 STREET ADDRESS	2025 BRICKELL AVENUE	
CITY-ST-ZIP	~~MIAMI FL~~		1.4 CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUBINSTEIN, JEFFREY D.		2.2 NAME		
STREET ADDRESS	800 BRICKELL AVE., #1100		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	~~STD~~	☑ DELETE	3.1 TITLE	~~STD~~ SD	☑ Change ☐ Addition
NAME	~~SILVERMAN, GENE~~		3.2 NAME	GAIL STARR	
STREET ADDRESS	~~2025 BRICKER AVE #1201~~		3.3 STREET ADDRESS	2025 BRICKELL AVENUE	
CITY-ST-ZIP	~~MIAMI FL~~		3.4 CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		☐ DELETE	4.1 TITLE	TD	☐ Change ☑ Addition
NAME			4.2 NAME	RICARDO ADAMS	
STREET ADDRESS			4.3 STREET ADDRESS	2025 BRICKELL AVENUE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] Pres. 4/11/96 (305) 371 6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)