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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752772** (4)

1. Corporation Name

**ATLANTIS ON BRICKELL CONDOMINIUM ASSOCIATION, IN C.**

Principal Place of Business <b>C/O THE CONTINENTAL GROUP 12079 SW 131ST AVENUE MIAMI FL 33186 US</b>	Mailing Address <b>C/O THE CONTINENTAL GROUP 12079 SW 131ST AVENUE MIAMI FL 33186 US</b>
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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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**06/03/1980**

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**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

**FLORIDA CORPORATE SERVICES INC  
800 BRICKELL AVENUE  
#1100  
MIAMI FL 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

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	NAME	1.1 TITLE	1.2 NAME
VD	GERWITZ, JACOB	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2025 BRICKELL AVENUE		1.3 STREET ADDRESS	
MIAMI FL		1.4 CITY - ST - ZIP	
PD	RUBINSTEIN, JEFFREY D.	2.1 TITLE	2.2 NAME
800 BRICKELL AVE., #1100		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
MIAMI FL		3.1 TITLE	3.2 NAME
SD	STARR, GAIL	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
2025 BRICKELL AVENUE		4.1 TITLE	4.2 NAME
MIAMI FL		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TD	ADMAS, RICARDO	5.1 TITLE	5.2 NAME
2025 BRICKELL AVENUE		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
MIAMI FL		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE:

*[Signature]* President

CR2E037 (10/97)